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JULY 1995
VOL. 94, NO. 7

Award-Winning
Journal of the
Michigan State
Medical Society

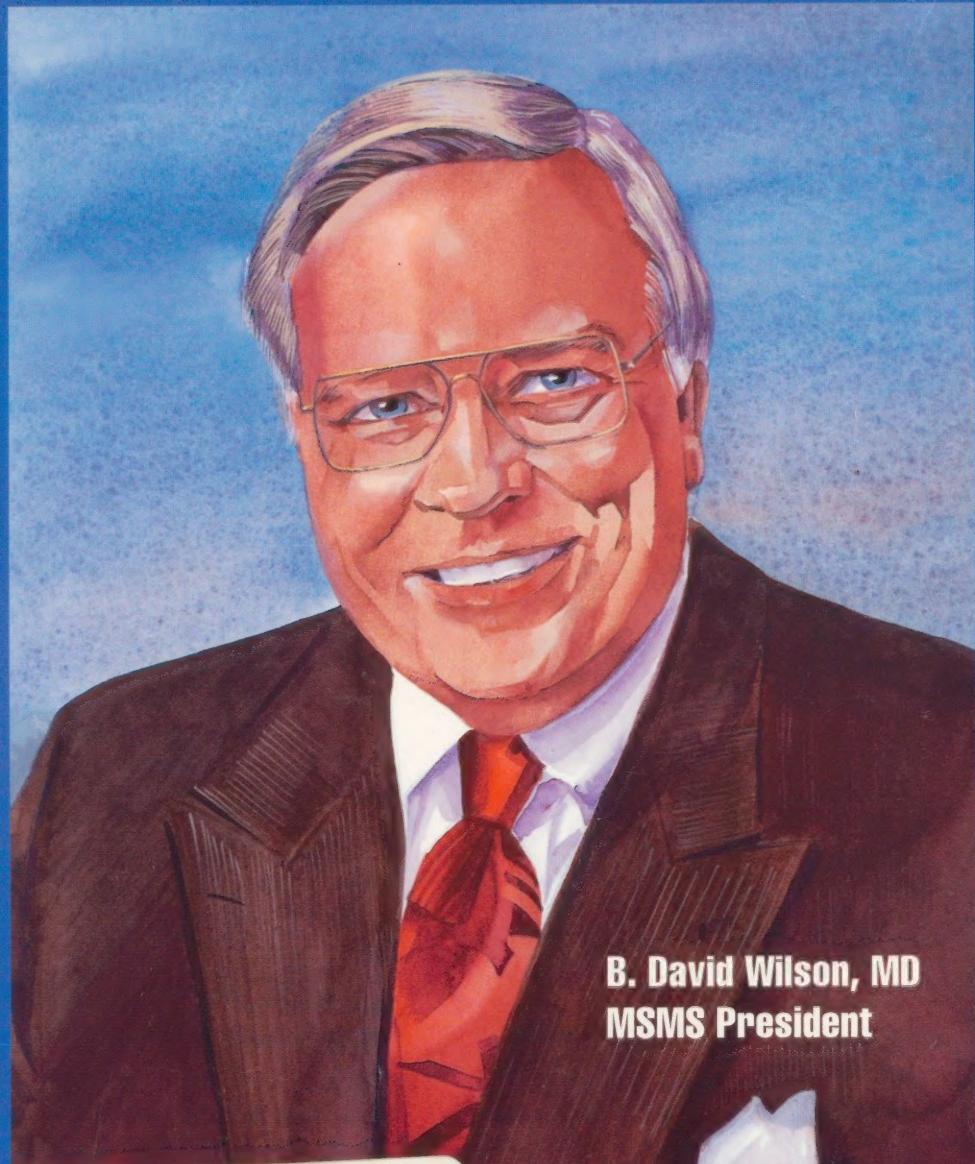


SPECIAL REPORT

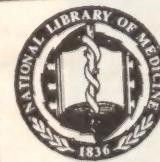
MSMS House of Delegates

Included are:

- House actions on resolutions
- Member awards
- Presidential address
- Elections
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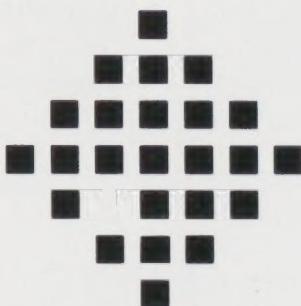
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MICHIGAN MEDICINE



Award-Winning Journal of the Michigan State Medical Society

JULY 1995 VOLUME 94, NO. 7

Special Report

Page 6

Nearly 200 physician delegates assembled in Dearborn May 5-7 to debate 111 resolutions on every aspect of organized medicine. The result of this process, during which 10 reference committees heard testimony, was a fine-tuning of organized medicine's course for the coming year. The House, presided over by Speaker Gary D. Maynard, MD, and Dorothy M. Kahkonen, MD, acted on resolutions ranging from MSMS development of its own managed care insurance plan to support of legislation requiring motor bikers and cyclists to wear helmets. Highlights of the meeting, including a complete rundown of the resolutions debated by the House, are featured in this special issue of *Michigan Medicine*.



Also included in this issue:

- 57** Category I Courses
- 63** Classified Advertising
- 71** Advertising Index

Coming in August Surfing the Internet

Look to the August issue of *Michigan Medicine* for the latest information on the new MSMSNET, MSMS members' own entree to the rapidly expanding Internet, a vast global network of information sources available to anyone on the planet who has a standard computer system. If you haven't had the opportunity to "surf" the Internet, this issue of *Michigan Medicine* will give you a taste of the wide range of information you can find on the Internet. Included will be a special report on MSMSNET, the Society's new on-line communications network for MSMS members.



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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editor nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. **Michigan Medicine** reserves the right to accept or reject advertising copy. Products and services advertised in **Michigan Medicine** are neither endorsed nor warranted by MSMS, with the exception of a few.

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MSMS HOUSE OF DELEGATES CONSIDERS 111 RESOLUTIONS

Nearly 200 physician delegates assembled in Dearborn May 5-7 to debate 111 resolutions on every aspect of organized medicine. The result of this process, during which 10 reference committees heard testimony, was a fine-tuning of organized medicine's course for the coming year. The House, presided over by Speaker Gary D. Maynard, MD, and Dorothy M. Kahkonen, MD, acted on resolutions ranging from MSMS development of its own managed care insurance plan to support of legislation requiring motor bikers and cyclists to wear helmets. Highlights of the meeting, including a complete rundown of the resolutions debated by the House, are featured in this special issue of *Michigan Medicine*.



MSMS presidents — past, present and future — celebrate at the President's Ball held Saturday evening. Shown (l to r) are: Immediate Past President Jack L. Barry, MD; President B. David Wilson, MD; and President-Elect W. Peter McCabe, MD.



House Action:

From managed care to helmet laws, delegates debate key issues

Following is a complete rundown of the 111 resolutions debated at the 130th Annual Session of the MSMS House of Delegates.

Resolution 1-95A

Tort Reform and the Tobacco Industry

Adopted as amended.

Resolved: That MSMS oppose any tort reform legislation that would exclude tobacco companies or tobacco products from liability; and be it further

Resolved: That the Michigan Delegation to the AMA ask the AMA to oppose any tort reform legislation that would exclude tobacco companies or tobacco products from liability.

Resolution 2-95A

Revision of Michigan Medical Examiner System

Adopted as amended.

Resolved: That MSMS support revision of the Michigan Medical Examiner System; and be it further

Resolved: That MSMS work collaboratively with the Michigan Association of Medical Examiners, Michigan Society of Pathologists and other appointed officials and organizations deemed useful to this revision of the medical examiner system.

Resolution 3-95A

Deductibility of Continuing Medical Education (CME) Expenses for Retired Physicians

No action.

Index to Resolutions

- | | | | |
|---------------|--|---------------|---|
| 1-95A | Tort Reform and the Tobacco Industry | 12-95A | Designation of Corporate Affiliated Physicians |
| 2-95A | Revision of Michigan Medical Examiner System | 13-95A | Michigan Patient Protection Act |
| 3-95A | Deductibility of Continuing Medical Education (CME) Expenses for Retired Physicians | 14-95A | Model State Legislation Against Arbitrary Denial or Termination of Medical Staff Privileges |
| 4-95A | Medical Staff Participation in Hospital Merger Negotiations Recruitment and Employment of Physicians and Selection of Senior Administrative Officers | 15-95A | Hospital Networks |
| 5-95A | Summary Suspension of a Physician's License Following a Successful Conviction of a Misdemeanor Involving Possession or Use of Alcohol | 16-95A | Medicare Revised Implementation Instructions for Automated Laboratory Tests |
| 6-95A | MSMS to Develop Its Own Managed Care Insurance Plan | 17-95A | Clinical Laboratory Improvement Act (CLIA) 88 |
| 7-95A | Interstate Pharmacy Ordering Privileges | 18-95A | Privacy and Confidentiality of Medical Records |
| 8-95A | Copays and Deductibles | 19-95A | Medical Staff Bylaws: A Contractual Relationship |
| 9-95A | Physician Participating in Hospital Network Selection of Administration | 20-95A | Expand Promotion of the Michigan Professional Credentials Verification Service (MPCVS) |
| 10-95A | Liability Coverage for Retired Physicians | 21-95A | Reporting of Malpractice Information in the National Practitioner Data Bank |
| 11-95A | Investigation of Not-for-Profit Hospital Tax Exemption | 22-95A | Visa Status Changes for International Medical Graduates (IMGs) |
| | | 23-95A | Discrimination Against International Medical Graduates (IMGs) |
| | | 24-95A | A Nationwide International Medical Graduate (IMG) Newsletter Published by the AMA |

Resolution 4-95A

Medical Staff Participation in Hospital Merger Negotiations Recruitment and Employment of Physicians and Selection of Senior Administrative Officers Substitute Resolution (in lieu of 4-95A and 9-95A).

Adopted.

Resolved: That MSMS encourage medical staffs to play a meaningful role in the administration of the hospital including involvement in hospital merger negotiations, participation in the selection of senior administrative officers including the Chief Executive Officer (CEO); and be it further

Resolved: That MSMS advocate that medical staffs insist that hospital governing bodies include in their corporate bylaws an article to assure the involvement of the medical staff and/or appropriate community Primary Care Physicians (PCPs) and specialists whenever the governing body considers and undertakes the recruitment and employment of physicians; and be it further

Resolved: That MSMS educate Michigan physicians, through its publications, and inform hospital CEOs and Boards of these actions.

Resolution 5-95A

Summary Suspension of a Physician's License Following a Successful Conviction of a Misdemeanor Involving Possession or Use of Alcohol Substitute Resolution (in lieu of 5-95A, 26-95A and 78-95A).

Adopted.

Resolved: That MSMS seek legislation to amend Section 16233.5 of the Michigan Public Health Code in regards to the discriminatory summary suspension of health professionals' licenses or registrations upon the conviction of a misdemeanor involving alcohol.

Resolution 6-95A

MSMS to Develop Its Own Managed Care Insurance Plan.

Referred to the Board for study.

Resolved: That MSMS study the feasibility of developing its own health care insurance company.

Resolution 7-95A

Interstate Pharmacy Ordering Privileges

Adopted as amended.

Resolved: That the Michigan Delegation to the AMA request the AMA to conduct an inventory of state laws pertaining to interstate pharmacy ordering privileges indicating the appropriate law, process and procedure pertaining to this circumstance and advise physicians in Michigan and those in other states of the results.

Resolution 8-95A

Copays and Deductibles

Approved.

Resolved: That MSMS seek full payments to physicians for services to these insured patients and that third party payers be responsible for collecting the copays and deductibles from these insured members.

Continued on next page

- 25-95A** Safeguarding Fairness of Educational Commission for Foreign Medical Graduates (ECFMG) New Test of Clinical Competence
26-95A Resolution to Seek Amendments to the Public Health Code
27-95A Women's Choice of Health Care Provider
28-95A Health Plan Performance
29-95A Term Limits for Michigan Delegation to the AMA
30-95A MSMS Financial Reports
31-95A Congressional Cuts on Student Loans
32-95A Letters to Congressional Leaders From Patients
33-95A Stark II Information
34-95A MSMS Practice Management Resources
35-95A Provide Transportation for the Alcohol Impaired Driver
36-95A Genetic Screening Affecting Insurance Policy Rates
37-95A Controversial Cable Television Programming
38-95A Optometrists: The Responsibility of the Practice of Medicine
39-95A Blood Alcohol Levels
40-95A Designated Driver Promotion
- 41-95A** Procedures of MSMS House of Delegates
42-95A First Aid and Cardio-Pulmonary Resuscitation (CPR)
43-95A Repeal the Internal Revenue Service (IRS) Tax on Immunization Stocks
44-95A Medicaid Managed Care for Mental Health
45-95A Physicians Sponsor Plan (PSP) Assignment of Pediatric Cases
46-95A Motor Vehicle and Bicycle Safety
47-95A Assistive Technology for Disabled Patients
48-95A Omnibus Budget Reconciliation Act (OBRA) Screening: Improving Efficiency
49-95A Role of Medicare Carrier Medical Directors in the Resource Based Relative Value Scale (RBRVS)
50-95A Ability Based Criteria for Physicians to Participate as Providers in Health Insurance Programs
51-95A Evaluation of Food and Drug Administration (FDA) Regulations
52-95A Smoke Free Public Areas
53-95A Commendations to Delta and Northwest Airlines
54-95A Smoke Free Restaurants

Resolution 9-95A

Physician Participating in Hospital Network Selection of Administration

Substitute Resolution (in lieu of 4-95A and 9-95A). Adopted. (See Resolution 4-95A.)

Resolution 10-95A

Liability Coverage for Retired Physicians

Referred to the Board for study.

Resolved: That MSMS encourage Michigan Physicians Mutual Liability Company (MPMLC) and Physicians Insurance Company of Michigan (PICOM) to investigate the Michigan "good samaritan" law for its limit on the liability of physicians who provide services on a voluntary basis; and be it further

Resolved: That MSMS, if necessary, seek legislation that would limit the liability of physicians who provide services on a voluntary basis; and be it further

Resolved: That MSMS encourage the establishment of MPMLC and PICOM insurance coverages to retired physicians who are former customers in good standing, who retain a medical license and provide medical care on a voluntary basis.

Resolution 11-95A

Investigation of Not-for-Profit Hospital Tax Exemption

Approved.

Resolved: That MSMS seek legal and/or legislative clarification as to the extent of tax exemption of not-for-profit hospital owned/controlled activities that are only marginally related to its inpatient services and which may directly compete with private enterprise.

Resolution 12-95A

Designation of Corporate Affiliated Physicians

Approved.

Resolved: That MSMS designate that all physicians heretofore known as "salaried physicians" or "employed physicians" carry the title Corporate Affiliated Physician(s) (CAPs); and be it further

Resolved: That MSMS seek to address the needs of the CAP(s) in their employment settings, as well as organized medicine; and be it further

Resolved: That MSMS encourage membership of the CAP through program and activity development aimed at and specifically for the CAP interest; and be it further

Resolved: That MSMS maintain open dialogue and close relationship with those organizations who contract with CAP(s).

Resolution 13-95A

Michigan Patient Protection Act

Referred to the Board for study.

Resolved: That MSMS include in the proposed Michigan Patient Protection Act the following language as proposed by the National Patient Access to Specialty Care Coalition:

Point-of-Service Option Mandatory: Every plan must offer a point-of-service provision (closed panels are prohibited). "All health care plans must offer 'point-of-service' options giving the patient freedom of choice to opt out of the plan, and select specialized commercial or surgical services." Also, provides for a co-pay limit of 20% but includes a total out-of-pocket limitation on patients' expenses —

55-95A Presidential Rotation

56-95A Inspection of Restaurants

57-95A Frequency of Disability Certification Reports

58-95A Cost Notification

59-95A Spouse Abuse: A Medical Problem

60-95A No Fault Health Insurance

61-95A Safeguarding Our Public Roads

62-95A Safeguarding Our Public Roads (Drivers 16-19 Years Old)

63-95A Citizen's Guide for Filing a Complaint

64-95A MSMS Restructuring

65-95A Physician Liability Coverage for Mandatory Hospital Clinic and Emergency Department Coverage

66-95A Physician Liability Coverage for Mandatory Hospital Clinic Coverage

67-95A State of Michigan Medical Liability Coverage for Volunteer Physicians

68-95A State of Michigan Liability Coverage for Volunteer Physicians in Free Clinics

69-95A Amendment to Employee Retirement Income Security Act (ERISA) Regarding State Mandates for Health Insurance Coverage of Immunizations

70-95A Unfunded Mandates by Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

71-95A Alcohol During Pregnancy

72-95A Physician Extenders

73-95A Helmets for Cyclists

74-95A Medical Insurance Plans

75-95A Medicaid Population

76-95A Michigan Physicians Mutual Liability Company (MPMLC)

77-95A Health Education in Detroit Public Schools

78-95A Health Care Professional Drivers License Suspension

79-95A MSMS Representation on the Board of Medicine

80-95A Increase in Sexually Transmitted Diseases

81-95A Availability of Latex-Condoms in Schools

82-95A Access to the Michigan Health Council's Employment Opportunity Listings on the MSMS Internet Home Page

\$1,500 for an individual and \$3,000 for family.

Physician Financial Incentive to Withhold Care: Removal of financial incentives and disincentives for health care providers for all health care plans, building on original "OBRA 1990" provisions concerning HMO participation in the Medicare program. "Financial incentives must not interfere with medical judgment," and "each health plan shall provide that it will not operate any physician incentive plan."

Patient Bill of Rights: Ten provisions to ensure timely access to cost-effective, quality, special medical and surgical care.

Development of Guidelines for the Appropriateness of Referrals: Guidelines for "first contact providers" to be developed with the "direct consultation and input of medical and surgical specialty societies," so as to "ensure appropriate referrals to specialized medical and surgical care."

Evaluation of Health Care Plans for Access to Specialty Services: Appropriate national measures should be developed and used in the evaluation of all health plans. These quality performance measures are aimed at ensuring timely patient access to medical and surgical specialties; and be it further

Resolved: That the Michigan Delegation to the AMA ask the AMA to include in the Patient Protection Act the following language as proposed by the National Patient Access to Specialty Care Coalition:

Point-of-Service Option Mandatory: every plan must offer a point-of-service provision (closed panels are prohibited). "All health care plans must of-

fer 'point-of-service' options giving the patient freedom of choice to opt out of the plan, and select specialized commercial or surgical services." Also, provides for a co-pay limit of 20 percent but includes a total out-of-pocket limitation on patients' expenses — \$1,500 for an individual and \$3,000 for family.

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Continued on next page

- 83-95A** Copays for Patients Enrolled in Medicaid's Physician Sponsor Plan (PSP) 84-95A Funding for Resident Physicians Section Representation at National Meetings
85-95A Dissolution of the Certificate of Need
86-95A Compassionate Care and Comfort Guidelines
87-95A Psychologists Prescribing Medications
88-95A Emotional Disorder as a Pre-Existing Condition
89-95A Managed Care Information System
90-95A Scheduled Fees of Blue Cross Blue Shield (BCBS) in Other States
91-95A Suicides and Malpractice
92-95A Access to Psychiatrists
93-95A Long Term Psychotherapy
94-95A Gatekeepers
95-95A Director of the Michigan Department of Mental Health
96-95A Protecting Progress Notes
97-95A Profits
98-95A Case Management
99-95A Confidentiality

- 100-95A** Patient Protection Act
101-95A Excluding Psychiatrists
102-95A Streamlining of Organized Medicine
103-95A Smoke Free Hospital Doorways
104-95A Blue Cross Blue Shield (BCBS) Payments
105-95A Violence
106-95A Autopsy Criteria
107-95A Communications Between State Prisons and Health Departments
108-95A Contracts for Purchasing Practices
109-95A Encourage Establishment of Compassionate Futile Care Guidelines to be Endorsed by the Medical Profession
110-95A Rescinding Single Copy Prescription Forms
111-95A Continuous Quality Improvement (CQI) Programs
112-95A Protect the Public's Health From Vaccine Preventable Diseases Through a Statewide Barrier-Free Immunization Effort (Not accepted as a Late Resolution.)

Resolution 14-95A

Model State Legislation Against Arbitrary Denial or Termination of Medical Staff Privileges

Adopted as amended.

Resolved: That MSMS seek legislation to provide protection for existing medical staff members against arbitrary denial or termination of medical staff privileges; and be it further

Resolved: That MSMS seek legislation that recognizes Hospital Medical Staff Bylaws as a contract that affords due process to all members of the medical staff.

Resolution 15-95A

Hospital Networks

Adopted as amended.

Resolved: That MSMS support the concept that consolidation of medical staffs or departments and associated bylaws and department policies and procedures must require the approval of all medical staffs and/or departments so involved.

Resolution 16-95A

Medicare Revised Implementation Instructions for Automated Laboratory Tests

Disapproved.

Resolution 17-95A

Clinical Laboratory Improvement Act (CLIA) 88

Approved.

Resolved: That the Michigan Delegation to the AMA ask the AMA to consider and support the Bill proposed by the Specialty Care Coalition as follows:

A Proposed Bill

To amend the Clinical Laboratory Improvement Act Amendments of 1988 to exempt physician-office and other small laboratories.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Section 1. Short Title,

This Act may be cited as the "Clinical Laboratory Improvement Act Amendments of 1995."

Section 2. Exemption of Physician-Office and Other Small Laboratories,

(a) In General, — Section 353 of the Public Health Service Act (42 U.S.C. 263a) is amended—

(1) in subsection (b), by inserting (1) before the first paragraph;

(2) by adding a new subsection (r) to read as follows: "(r) The provisions of this section shall not apply to any clinical laboratory operated by a licensed phy-

sician, osteopath, dentist, or podiatrist, or group thereof, who performs or perform laboratory tests or procedures, other than cytology, personally or through their employees, solely as an adjunct to the treatment of their own patients; nor shall such provisions apply to any laboratory with respect to tests or other procedures made by it for any person engaged in the business of insurance if made solely for purposes of determining whether to write an insurance contract or if determining eligibility or continued eligibility for payments thereunder."

(b) Effective Date—The amendments made by this section shall take effect on the first day of the first month beginning after the date of the enactment of this Act.

Resolution 18-95A

Privacy and Confidentiality of Medical Records

Substitute Resolution (in lieu of 18-95A and 99-95A).

Adopted.

Resolved: That MSMS review the current threat to privacy as to the confidentiality and security of the patient medical records and take appropriate measures to maintain the security of patient records.

Resolution 19-95A

Medical Staff Bylaws: A Contractual Relationship

Approved.

Resolved: That MSMS reaffirm its position that the hospital medical staff bylaws constitute a contract between a hospital and its medical staff; and be it further

Resolved: That MSMS reaffirm its opposition to the unilateral change of hospital medical staff bylaws; and be it further

Resolved: That MSMS continue to publicize through *Michigan Medicine* and *Medigram* the fact that hospital staff bylaws constitute a contract which cannot be unilaterally amended; and be it further

Resolved: That MSMS commit the resources it believes necessary to support these principles.

Resolution 20-95A

Expand Promotion of the Michigan Professional Credentials Verification Service (MPCVS)

Approved.

Resolved: That MSMS continue support of the Michigan Professional Credentials Verification Service (MPCVS); and be it further

Resolved: That MSMS and the Michigan Health and Hospital Association work together to promote the MPCVS to IMGs and Liaison Committee on Medi-

cal Education (LCMEs) for use when applying for managed care plans, hospital staff credentialling, county and state medical society membership; and be it further

Resolved: That MSMS encourage physicians to use the MPCVS by advertising its potential for reducing the number of forms required for physicians to apply for hospital privileges, health plan participation and malpractice insurance.

Resolution 21-95A
Reporting of Malpractice Information in the National Practitioner Data Bank

Approved.

Resolved: That the Michigan Delegation to the AMA ask the AMA to review the appropriateness of the practice by the National Practitioners Data Bank including malpractice history of physicians in training, when the actions result from activity performed within the parameters of the physicians' supervised training program.

Resolution 22-95A
Visa Status Changes for International Medical Graduates (IMGs)

Adopted as amended.

Resolved: That MSMS strongly support the position that IMG resident physicians with H-1B status be allowed to keep their H-1B visas for the duration of their current graduate medical education program in the U.S.

Resolution 23-95A
Discrimination Against International Medical Graduates (IMGs)

Adopted as amended.

Resolved: That the Michigan Delegation to the AMA ask the AMA to provide the appropriate regulatory agency with actual letters that suggest a refusal to consider an applicant to a residency program based on graduation from a foreign medical school and ask that agency to take appropriate action; and be it further

Resolved: That the Michigan Delegation to the AMA ask the AMA to communicate with all graduate medical education programs, affirming AMA policy 255.992 "Discrimination Against Physicians."

Resolution 24-95A
A Nationwide International Medical Graduate (IMG) Newsletter Published by the AMA

Adopted as amended.

Resolved: That the Michigan Delegation to the AMA strongly urge the AMA to publish information or a newsletter focusing on IMG issues such as licensure, residency programs, immigration, reciprocity, practice opportunities, among others, which would go to both AMA member and nonmember IMGs.

Resolution 25-95A
Safeguarding Fairness of Educational Commission for Foreign Medical Graduates (ECFMG) New Test of Clinical Competence

Approved.

Continued on next page



P. John Seward, MD, chair, AMA Board of Trustees, addressed delegates and guests during the opening session on Friday evening.



Gerald H. Mandell, MD, MSMS delegate and retiring AMA delegate, testified before members of Reference Committee D on Physician Hospital Relations. Doctor Mandell served as an AMA Delegation advisor to the Committee in his last official duty as a national representative of Michigan physicians. He received a plaque in honor of his service.

Resolved: That the Michigan Delegation to the AMA ask the AMA to take steps to ensure that the Educational Commission for Foreign Medical Graduates (ECFMG) New Test of Clinical Competence based on the examination of live patients be administered consistently between all test locations; and be it further

Resolved: That the Michigan Delegation to the AMA ask the AMA to diligently monitor the fairness of this clinical testing process; and be it further

Resolved: That the Michigan Delegation to the AMA report back to MSMS and the Section for International Medical Graduates (IMGs) on the conduct of a the new examination.

Resolution 26-95A

Resolution to Seek Amendment to the Public Health Code

Substitute Resolution (in lieu of 5-95A, 26-95A and 78-95A). Adopted. (See Resolution 5-95A.)

Resolution 27-95A

Women's Choice of Health Care Provider

Adopted as amended.

Resolved: That MSMS seek legislation that would designate the obstetrician/gynecologist as a primary care physician and to allow women access to the primary care provider of their choice.

Resolution 28-95A

Health Plan Performance

Substitute Resolution (in lieu of 28-95 and 97-95A). Adopted.

Resolved: That MSMS continue to develop a system

to evaluate overall performance of health insurance companies with particular emphasis on patient and provider satisfaction, as well as the proportion of premium dollars spent on administration.

Resolution 29-95A

Term Limits for Michigan Delegation to the AMA

Disapproved.

Resolution 30-95A

MSMS Financial Reports

Adopted as amended.

Resolved: That the MSMS Treasurer develop an annual financial report for the House of Delegates; and be it further

Resolved: That MSMS print a summary of the MSMS financial report in *Michigan Medicine*.

Resolution 31-95A

Congressional Cuts on Student Loans

Approved.

Resolved: That MSMS working in conjunction with the Medical Student Section, the Resident Physician's Section and the Young Physician's Section, develop information discussing the reduction of medical school student loans, the effect on accessibility of medical education, and the likely effect of proposed cuts on specialty choice and practice location; and be it further

Resolved: That MSMS develop a grassroots effort to ensure that all interested physicians and medical students can respond quickly and effectively on the issue of medical student loans to the appropriate members of Congress, by FAX, electronic mail or Western Union when necessary.



Ten reference committees heard testimony on a total of 111 resolutions. Shown above are members of Reference Committee D on Physician Hospital Relations.



Delegates Richard Horsch, MD, and Joseph Weiss, MD wait their turns at the microphone, while another delegate makes a point during reference committee testimony.

Resolution 32-95A

Letters to Congressional Leaders From Patients Adopted as amended.

Resolved: That MSMS provide physician members upon request with clearly-written model letters and/or basic information such as bill numbers and key elements for patients' use in writing to policymakers about key health care legislative and regulatory matters occurring in the future.

Resolution 33-95A

Stark II Information

Adopted as amended.

Resolved: That MSMS develop a seminar and/or other means of disseminating information regarding Stark II legislation and recent Consolidated Omnibus Budget Reconciliation Act (COBRA) changes.

Resolution 34-95A

MSMS Practice Management Resources

Approved.

Resolved: That MSMS compile practice management information and other services offered by MSMS and make this information available for all MSMS members on electronic media.

Resolution 35-95A

Provide Transportation for the Alcohol Impaired Driver

Adopted as amended.

Resolved: That MSMS work with local governments, community organizations and business coalitions

to promote on a year round basis safe transportation home for intoxicated persons.

Resolution 36-95A

Genetic Screening Affecting Insurance Policy Rates

Adopted as amended.

Resolved: That MSMS support legislation that would prohibit the health insurance industry from basing coverage and rates on the knowledge of genetic risk.

Resolution 37-95A

Controversial Cable Television Programming

Adopted as amended.

Resolved: That MSMS explore mechanisms by which parents may gain greater control of home access to controversial cable television programming; and be it further

Resolved: That the Michigan Delegation to the AMA request the AMA to explore mechanisms by which parents may gain greater control of home access to controversial cable television programming.

Resolution 38-95A

Optometrists: The Responsibility of the Practice of Medicine

Referred to the Board for study.

Resolved: That MSMS work with the Board of Optometry and other appropriate bodies to formulate educational requirements regarding the specific use of ocular therapeutic pharmaceutical agents; and be it further

Continued on next page



Peter A. Duhamel, MD, addressed members of the MSMS Board of Directors just prior to the opening session of the House. Doctor Duhamel was elected chair of the MSMS Board.



MSMS Speaker of the House Gary D. Maynard, MD, and Vice Speaker Dorothy M. Kahkonen, MD, (seated) kept tight reins on the order of business during the three-day meeting.

Resolved: That MSMS seek legislation requiring optometrists to attend appropriate medical education courses.

Resolution 39-95A
Blood Alcohol Levels
No Action.

Resolution 40-95A
Designated Driver Promotion
Approved.

Resolved: That MSMS seek legislation to encourage establishments serving alcohol to promote the identification of a designated driver; and be it further

Resolved: That MSMS seek legislation requiring alcohol-related advertisements to promote the concept of a designated driver.

Resolution 41-95A
Procedures of MSMS House of Delegates

Adopted as amended. (On first reading to be carried over for final reading at the 1996 MSMS House of Delegates.)

Resolved: That MSMS use the appropriate procedures of the AMA House of Delegates, which incorporate the Davis Rules of Order, for conducting MSMS House of Delegates meetings; and be it further

Resolved: That the MSMS Bylaws, Section 13.70, titled RULES OF ORDER, be amended to read "When not in conflict with the Constitution or By-laws of this Society, Davis Rules of Order shall govern the parliamentary procedure of the House of Delegates.

Resolution 42-95A
First Aid and Cardio-Pulmonary Resuscitation (CPR)
No action.

Resolution 43-95A
Repeal the Internal Revenue Service (IRS) Excise Tax on Immunization Stocks

Approved.

Resolved: That the Michigan Delegation to the AMA request the AMA to seek elimination of the excise tax on immunization stocks.

Resolution 44-95A
Medicaid Managed Care for Mental Health
Approved.

Resolved: That MSMS ask the Michigan Department

of Social Services to completely revamp its Medicaid Mental Health Managed Care Program, using more realistic issues including substance abuse and maintaining doctor/patient relationships which currently exist; and be it further

Resolved: That MSMS urge the Michigan Department of Social Services and the Michigan Department of Mental Health to work with MSMS and the Michigan Psychiatric Society to draft the Medicaid Mental Health Managed Care Program prior to implementation.

Resolution 45-95A
Physicians Sponsor Plan (PSP) Assignment of Pediatric Cases

Adopted.

Resolved: That MSMS procure a commitment from the Michigan Department of Social Services to involve pediatricians who wish to be involved in the random assignment of pediatric patients; and be it further

Resolved: That MSMS aggressively pursue with the Michigan Department of Social Services the establishment of a local physician oversight committee for the Physicians Sponsor Plan.

Resolution 46-95A
Motor Vehicle and Bicycle Safety

Adopted as amended.

Resolved: That MSMS support legislation that would make safety belt non-use of any occupants in automobiles and other enclosed motor vehicles a "primary offense;" and be it further

Resolved: That MSMS support existing legislation that requires helmet usage among riders of motorcycles of all age groups; and be it further

Resolved: That MSMS support extension of the motorcycle helmet law to all age groups to include other two-wheel motorized vehicles such as mopeds; and be it further

Resolved: That MSMS support legislation that would require helmet usage for riders of bicycles, including passengers; and be it further

Resolved: That the Michigan Delegation to the AMA introduce this resolution to the AMA (except for those portions that are already covered by existing AMA policy).

Resolution 47-95A
Assistive Technology for Disabled Patients

Adopted as amended.

Resolved: That MSMS urge appropriate state agencies to communicate with physicians on how to ac-

cess assistive technology for their patients; and be it further

Resolved: That MSMS ask the AMA to support funding of the amended Technology Act of 1988 (PL-103-218) at the federal level to begin *provision* of Assistive Technology to disabled persons in each state.

Resolution 48-95A

Omnibus Budget Reconciliation Act (OBRA)

Screening: Improving Efficiency

Referred to the Board for action.

Resolved: That MSMS work with the Michigan Department of Mental Health to ensure that Calhoun County physicians, the Battle Creek health system, and Calhoun County Mental Health receive seven days a week coverage from the Michigan Department of Mental Health for clearance of the mental health screening process.

Resolution 49-95A

Role of Medicare Carrier Medical Directors in the Resource Based Relative Value Scale (RBRVS)

Approved.

Resolved: That the Michigan Delegation to the AMA ask the AMA to strongly urge the Health Care Financing Administration (HCFA) to require the Medicare Carrier Medical Directors to adopt a review process which is as rigorous and comprehensive as that used by the Relative Value Update Committee (RUC), before they alter the RUC's recommendations for relative work values for CPT-4 codes currently in place or developed in the future.

Resolution 50-95A

Ability Based Criteria for Physicians to Participate as Providers in Health Insurance Programs

Referred to the Board for study.

Resolved: That MSMS oppose any restrictions on physician participation with health insurance carriers that are not based on the physicians training and competency; and be it further

Resolved: That MSMS ask the insurance commissioner to enact rules which would prohibit health insurance companies from using factors unrelated to a physician's ability and training in evaluating the physician for inclusion as a member of their panel of physicians.

Resolution 51-95A

Evaluation of Food and Drug Administration (FDA) Regulations

Approved.

Resolved: That the Michigan Delegation to the AMA ask the AMA to investigate the costs and effects to the public of the current Food and Drug Administration (FDA) policy approving new drugs and medical devices; and be it further

Resolved: That the Michigan Delegation to the AMA ask the AMA to request the FDA to continue requirements for safety of an agent or device but revise their philosophies about efficacy and to require proof of a highly-probable efficacy rather than the absolute proof now required, as physicians are capable of determining the ultimate efficacy of a medication or device.

Resolution 52-95A

Smoke Free Public Areas

No Action.

Resolution 53-95A

Commendations to Delta and Northwest Airlines

Approved.

Resolved: That MSMS send letters to Delta Air Line and Northwest Airline indicating its support for this policy and commending both these airlines for this action which may eventually lead to a safer environment for all air passengers; and be it further

Resolved: That the Michigan Delegation to the AMA ask the AMA to send letters to Delta Air Line and Northwest Airline indicating our support for this policy and commending them for this action which may eventually lead to a safer environment for all air passengers; and be it further

Resolved: That the Michigan Delegation to the AMA ask the AMA to encourage Delta Air Line and Northwest Airline to include all flights in their no smoking policy; and be it further

Resolved: That the Michigan Delegation to the AMA ask the AMA to work with the federal government and with appropriate federal agencies to establish rules or regulations that all flights departing from or arriving at an American airport will be totally smoke free.

Resolution 54-95A

Smoke Free Restaurants

No action.

Resolution 55-95A

Presidential Rotation

Referred to the Board for study.

Resolved: That MSMS change the rotation of the MSMS presidency between Outstate and Wayne County to 3:1 with the presidency to be slotted to a

Continued on next page

Wayne County member in the year of a national presidential election.

Resolution 56-95A Inspection of Restaurants

Substitute Resolution.

Referred to the Board for action.

Resolved: That MSMS request physician involvement in the Michigan Department of Public Health blue ribbon food service committee's new process for restaurant inspection; and be it further

Resolved: That MSMS encourage the Michigan Department of Public Health to include a grading system with a requirement of posting a health inspection grade as part of the revised plan.

Resolution 57-95A Frequency of Disability Certification Reports

Approved.

Resolved: That MSMS ask the insurance commissioner to issue guidelines that would limit health insurance carriers from asking for disability certification for acute illness and injuries no more frequently than for the lesser of the following time spans; 1) every 120 days; 2) physician's estimated length of disability; and be it further

Resolved: That MSMS ask the insurance commissioner to issue guidelines that would limit health insurance carriers from asking for disability certification for chronic illness no more frequently than every 12 months.

Resolution 58-95A

Cost Notification

Adopted as amended.

Resolved: That MSMS work with third party payers to improve physician awareness of the costs of services that are asked to approve, such as home health care, durable medical equipment and physical therapy; and be it further

Resolved: That MSMS seek legislation that would require providers needing a physician's approval for their service or product, be required to provide the physician, at the time of requesting the physician's approval, a cost estimate of services the physician is being asked to approve.

Resolution 59-95A Spouse Abuse: A Medical Problem

Adopted as amended.

Resolved: That MSMS work with the Michigan Department of Mental Health and the Michigan Department of Social Services to develop programs to prevent spouse abuse and to treat the spousal abuser; and be it further

Resolved: That MSMS work with the Michigan State Bar Association and the state legislature to develop model legislation for the early and appropriate medical treatment of the psychopathology leading to one being a spousal abuser and, if necessary, the treatment of an abused spouse.

Resolution 60-95A No Fault Health Insurance

Adopted as amended.

Resolved: That MSMS seek legislation that would



Delegates gathered Sunday morning to study and vote on the reports of the reference committees which met early Saturday.



Resident physicians had a variety of key issues to discuss at the meeting. Gathering for a brief rendezvous are (l to r): Pino D. Colone, MD, chair of the MSMS Resident Physician Section; Wendy L. Larson, MD, vice chair of the Section; Philip J. Boyer, MD, PhD, Section delegate; and Partha S. Nandi, MD, Section secretary.

require that primary health insurance cover the cost of treatment for illness or injury until the responsible payer is identified in order to ensure continuity of care.

Resolution 61-95A

Safeguarding Our Public Roads

Substitute Resolution (in lieu of 61-95A and 62-95A).

Adopted.

Resolved: That MSMS study the issue of driver eligibility of age specific and disability specific situations, and present the information to the 1996 MSMS House of Delegates for their deliberation.

Resolution 62-95A

Safeguarding Our Public Roads

Substitute Resolution (in lieu of 61-95A and 62-95A).

Adopted. (See Resolution 61-95A.)

Resolution 63-95A

Citizen's Guide for Filing a Complaint

Disapproved.

Resolution 64-95A

MSMS Restructuring

Referred to the Board for study.

Resolved: That the MSMS Board of Directors establish a task force to look at the organizational structure of MSMS, including its relationship to county organizations, and report back in two years (with an interim report in one year) to the House of

Delegates on proposed changes that could streamline and increase the effectiveness of the organization.

Resolution 65-95A

Physician Liability Coverage for Mandatory Hospital Clinic and Emergency Department Coverage

Substitute Resolution (in lieu of 65-95A and 66-95A).

Adopted.

Resolved: That MSMS request hospitals provide liability coverage for physicians providing services to unattended patients in hospital out-patient clinics and emergency departments that are not part of the physician's practice.

Resolution 66-95A

Physician Liability Coverage for Mandatory Hospital Clinic Coverage

Substitute Resolution (in lieu of 65-95A and 66-95A).

Adopted. (See Resolution 65-95A.)

Resolution 67-95A

State of Michigan Medical Liability Coverage for Volunteer Physicians

Referred to the Board for study.

Resolved: That MSMS seek legislation making the state responsible for providing liability coverage to volunteer physicians.

Resolution 68-95A

State of Michigan Liability Coverage for Volunteer

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AMA Delegation Vice Chair Cathy O. Blight, MD, presents a Certificate of Appreciation to Robert D. Burton, MD, past AMA delegation chair, on his retirement from the delegation.



Delegates had plenty of opportunities to discuss issues at the reference committee hearings held Saturday morning.

Physicians in Free Clinics

Referred to the Board for study.

Resolved: That MSMS seek legislation that would require state-provided liability coverage for physicians who provide services at state recognized "free clinics."

Resolution 69-95A

Amendment to Employee Retirement Income Security Act (ERISA) Regarding State Mandates for Health Insurance Coverage of Immunizations

Approved.

Resolved: That the Michigan Delegation to the AMA ask the AMA to seek a legislative change to the Employee Retirement Income Security Act (ERISA) of 1974, to require self-insured entities to comply with present and/or future state regulations that mandate coverage for vaccines and vaccine administration in health insurance policies.

Resolution 70-95A

Unfunded Mandates by Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

No action.

Resolution 71-95A

Alcohol During Pregnancy

Adopted as amended.

Resolved: That MSMS seek legislation to require signs in bars and restaurants and on menus advising of the damage that may occur to the baby when alcohol is used during pregnancy, thereby reducing the use of alcohol during pregnancy and related damage to unborn children.

Resolution 72-95A

Physician Extenders

Adopted as amended.

Resolved: That MSMS study the role of physician extenders with the objective of developing guidelines, for use by all employers, which shall include physician supervision of clinical activities, and that MSMS disseminate these guidelines through its communication vehicles.

Resolution 73-95A

Helmets for Cyclists

No action.

Resolution 74-95A

Medical Insurance Plans

Adopted as amended.

Resolved: That MSMS seek legislation to require employers providing medical insurance to offer at least one point of service or open panel medical insurance option and educate employers and employees about the availability and flexibility of medical savings accounts.

Resolution 75-95A

Medicaid Population

Referred to the Board for study.

Resolved: That MSMS develop and present its own plan for providing care to the Medicaid population by physicians in the State of Michigan.

Resolution 76-95A

Michigan Physicians Mutual Liability Company (MPMLC)

Substitute Resolution. Adopted.

Resolved: That the agreement ("if they do choose to demutualize, the draft plan will be submitted to the MSMS Board of Directors [in a timely fashion] for approval prior to submission to the insurance commissioner or policyholders") of March 15, 1995 between MPMLC and MSMS, as reflected in the Chair's announcements of the Board minutes of that day, be considered protective of the equity interests of Michigan doctors in MPMLC.

Resolution 77-95A

Health Education in Detroit Public Schools

Adopted as amended.

Resolved: That MSMS support health education classes in all public schools starting at the elementary school level; and be it further

Resolved: That MSMS encourage physician involvement at the local level in the development and implementation of health education curricula.

Resolution 78-95A

Health Care Professional Drivers License Suspension

Substitute Resolution (in lieu of 5-95A, 26-95A and 78-95A). Adopted. (See Resolution 5-95A.)

Resolution 79-95A

MSMS Representation on the Board of Medicine

Disapproved.

Resolution 80-95A

Increase in Sexually Transmitted Diseases

Substitute Resolution.

Adopted.

Resolved: That MSMS support legislation to require

the availability of comprehensive health education whose content is community determined for all K-12 students in Michigan.

Resolution 81-95A

Availability of Latex-Condoms in Schools

Adopted as amended.

Resolved: That MSMS seek legislation rescinding current legislation which prohibits schools from dispensing devices to prevent sexually transmitted diseases.

Resolution 82-95A

Access to the Michigan Health Council's Employment Opportunity Listings on the MSMS Internet Home Page

Approved.

Resolved: That MSMS include through its Internet home page access to the Medical Opportunities in Michigan (MOM) Internet home page; and be it further

Resolved: That MSMS list the Michigan Health Council (MHC) and MOM office phone number and bulletin board phone number on the MSMS Internet home page as an employment opportunity resource; and be it further

Resolved: That MSMS advertise the availability of the MSMS access to the MOM database by all appropriate means (e.g. in its publications, through the Medical Student Section, the Resident Physicians Section, and the Young Physicians Section; and through all residency training programs, medical schools, and medical center affiliated resident unions and offices).

Resolution 83-95A

Copay for Patients Enrolled in Medicaid's Physician Sponsor Plan (PSP)

Adopted as amended.

Resolved: The MSMS actively pursue revisions in the current Physician Sponsor Plan (PSP) to provide for shared risks and liability relief between the Plan and physicians for the care of patients; and be it further

Resolved: That MSMS work with the appropriate State Departments to seek new strategies to effectively redress the abuses taking place in the PSP Program.

Resolution 84-95A

Funding for Resident Physicians Section Representation at National Meetings

Adopted as amended.

Resolved: That MSMS provide up to \$10,000 annually for funding for Resident Physicians Section (RPS) representation at the American Medical Association Resident Physicians Section (AMA-RPS) Annual and Interim meetings and the Annual AMA Leadership Conference.

Resolution 85-95A

Dissolution of the Certificate of Need.

Approved.

Resolved: That MSMS seek legislation rescinding the Certificate of Need requirement for cost-effective ambulatory surgical center development.

Resolution 86-95A

Compassionate Care and Comfort Guidelines

Adopted.

Resolved: That MSMS adopt the Compassionate Care and Comfort Guidelines contained in the foregoing as being in compliance with the standard of care.

Resolution 87-95A

Psychologists Prescribing Medications

Adopted as amended.

Resolved: That MSMS oppose the legislative effort by psychologists to give psychologists the privileges to prescribe medications.

Resolution 88-95A

Emotional Disorder as a Pre-Existing Condition

Adopted as amended.

Resolved: That MSMS seek legislation to ensure that no applicant be denied an insurance policy for health care, sickness and accident, and/or life because the applicant has been treated for any current or previous emotional disorder.

Resolution 89-95A

Managed Care Information System

Disapproved.

Resolution 90-95A

Scheduled Fees of Blue Cross Blue Shield (BCBS) in Other States

Adopted.

Resolved: That MSMS seek any remedy that will prevent Blue Cross Blue Shield of Michigan (BCBSM) from interfering with reimbursement to Michigan physicians for services to out-of-state patients at the fee schedule of their home state.

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**Resolution 91-95A
Suicides and Malpractice
Approved.**

Resolved: That MSMS seek legislation that has the same requirements for reporting or hospitalizing suicidal patients as the Michigan law for patients who have the intent of inflicting physical violence and who have the ability to carry out that threat in the foreseeable future.

**Resolution 92-95A
Access to Psychiatrists**

Substitute Resolution (in lieu of 92-95A and 101-95A).

Adopted.

Resolved: That MSMS seek legislation that requires qualified health plans to provide access to psychiatrists.

**Resolution 93-95A
Long Term Psychotherapy**

Adopted.

Resolved: That MSMS oppose arbitrary establishment of the number of long-term psychotherapy sessions a patient may receive, and actively oppose managed care companies' attempts to practice medicine by setting such limits.

**Resolution 94-95A
Gatekeepers**

Adopted as amended.

Resolved: That MSMS urge the appropriate state agencies and organizations to ensure that sufficient and appropriate services of psychiatrists be a part

of the determination of medical necessity, treatment planning, and psychiatric hospitalization of Medicaid patients in the staffing of community mental health personnel.

**Resolution 95-95A
Director of the Michigan Department of Mental Health**

Adopted as amended.

Resolved: That MSMS seek legislation requiring that either the Director or the Deputy Director of the Michigan Department of Mental Health be a physician, licensed in the state of Michigan.

**Resolution 96-95A
Protecting Progress Notes**

Approved.

Resolved: That MSMS seek legislation stating that physicians do not have to submit progress notes to insurance companies, but they may release relevant information such as the diagnosis, the reasons to support the diagnosis, the degree of impairment, and the estimated time the person will remain impaired.

**Resolution 97-95A
Profits**

Substitute Resolution (in lieu of 28-95A and 97-95A).

Adopted. (See Resolution 28-95A.)

**Resolution 98-95A
Case Management**

Disapproved.



MSMS Board member Krishna K. Sawhney, MD, testified before members of the House Sunday morning. Doctor Sawhney was elected vice chair of the MSMS Board.



Representative John Jamian (R-Bloomfield Hills) discussed "Patient Protection Acts Around the Country and in Michigan," during the Physician Issues Forum held Saturday afternoon. Rep. Jamian is chair of the State Health Policy Committee.

Resolution 99-95A

Confidentiality

Substitute Resolution (in lieu of 18-95A and 99-95A).

Adopted. (See Resolution 18-95A.)

Resolution 100-95A

Patient Protection Act

Referred to the Board for study.

Resolved: That MSMS support the Michigan Patient Protection Act in that it requires a point-of-service option allowing patients to seek care outside the network and that it provides various protection for physicians against deselection by plans; and be it further

Resolved: That MSMS propose to modify the Michigan Patient Protection Act as suggested by the Patient Access to Specialty Care Coalition, representing many non-primary specialty groups and that these plans must offer point-of-service in every policy rather than as an option.

Resolution 101-95A

Excluding Psychiatrists

Substitute Resolution (in lieu of 92-95A and 101-95A).

Adopted. (See Resolution 92-95A.)

Resolution 102-95A

Streamlining of Organized Medicine

Referred to the Board for study.

Resolved: That MSMS establish a task force to look at ways to reduce the costs of running county medical societies; and be it further

Resolved: That MSMS look at ways that could help reduce the duplicative costs incurred in operating state and multiple county medical societies.

Resolution 103-95A

Smoke Free Hospital Doorways

Approved.

Resolved: That MSMS support a no smoking zone of 100 feet from each entrance to a hospital.

Resolution 104-95A

Blue Cross Blue Shield (BCBS) Payments

Adopted as amended.

Resolved: That the MSMS representatives to the Blue Cross Blue Shield of Michigan Physician Contract Advisory Committee continue to work for appropriate allocation of BCBSM dollars to physicians and to correct inequities in BCBSM reimbursement to physicians.

Resolution 105-95A

Violence

Approved.

Resolved: That MSMS work with the state legislature and Governor to 1) encourage the news media to actively participate in sending out a strong message against violence; 2) educate children at elementary level regarding the pitfalls of violence; 3) encourage schools to include discussion in parent/teacher conferences to help young children to resolve conflict and solve problems without resorting to violence.

Continued on next page



Members of Reference Committee B on Legislation heard testimony on 20 resolutions ranging from tort reform and the tobacco industry to rescinding single copy prescription forms.



Tama D. Abel, MD, presented the report of Reference Committee F on Scientific and Educational Affairs for which she served as chair.

Continued from previous page

Resolution 106-95A

Autopsy Criteria

No action.

Resolution 107-95A

Communications Between State Prisons and Health Departments

Approved.

Resolved: That MSMS work with the Michigan Department of Public Health (MDPH) to improve communication of health care data between state prisons and county health departments.

Resolution 108-95A

Contracts for Purchasing Practices

Approved.

Resolved: That MSMS appoint a task force to look into the purchase of physicians practices and to; 1) develop a strategy for this action; and 2) advise physicians regarding the terms of agreements, (i.e. job security over 10-20 years; and security of sustained income).

Resolution 109-95A

Encourage Establishment of Compassionate Futiile Care Guidelines to be Endorsed by the Medical Profession

Referred to the Board for study.

Resolved: That MSMS develop a futile care policy to include the physician's first responsibility to maintain the dignity of their patients at times of impending death by:

a. keeping them comfortable, and

- b. not subjecting them to unnecessary tests, and
- c. not subjecting them to treatments which are unproven and/or painful when there is no realistic chance of benefit and which may prolong unnecessary suffering, and
- d. holding compassionate discussions, among the patient, the physician, the patient's family, and other loved ones.

Resolution 110-95A

Rescinding Single Copy Prescription Forms

No action.

Resolution 111-95A

Continuous Quality Improvement (CQI) Programs

Adopted.

Resolved: That MSMS urge its members to participate in Continuous Quality Improvement (CQI) training programs; and be it further

Resolved: That MSMS facilitate its members' efforts to seek CQI training by (1) providing information on available training programs in and around Michigan; (2) incorporating CQI into ongoing continuing medical education programs, physician executive leadership institutes and other educational conferences; and (3) sponsoring CQI training programs for members.

Resolution 112-95A

Protect the Public's Health From Vaccine Preventable Diseases Through a Statewide Barrier-Free Immunization Effort

Not accepted as a late resolution. ■



Alan Mindlin, MD, Oakland County delegate, spoke to the issues. He was named alternate delegate to the AMA at the MSMS House.



Members of the MSMS Section for International Medical Graduates gathered for a caucus just prior to the opening session of the House to discuss resolutions of key concern to IMGs.



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PROM, other key groups, address the House



Each chair of the Society's member sections addressed delegates on Friday evening. Above is Kenneth A. Jordan, MD, chair of the Section for International Medical Graduates.

Representatives of several groups addressed delegates at the May 5-7 meeting. Following are excerpts of reports given by the chairs or presidents of these groups: Abbott Press, Inc.; Michigan Delegation to the AMA; MSMS Alliance; MSMS Health Education Foundation; MSMS Group Insurance Trust; Physician Service Group, Inc.; and Physician's Review Organization of Michigan, Inc.

Abbott Press, Inc.

Billy Ben Baumann, MD, President

Abbott Press, the wholly owned printing company of the Michigan State Medical Society, completed its second year of operation. With over \$1 million in gross revenue, the company has continued to grow and expand its services to MSMS, its associated organizations, physicians and outside customers. Approximately 50 percent of printing activity of Abbott Press is MSMS and its subsidiary operations and associated organizations. This market has been solidified and significant cost savings have been reported by these organizations due to their association with Abbott.

Abbott has made significant changes in an attempt to approach profitability. It is expected with increase in volume and continued reduction in expenses related to efficiencies in marketing and producing products, Abbott will make a contribution to MSMS' overall financial situation.

Abbott Press Board members include: Jack L. Barry, MD; William E. Madigan; W. Peter McCabe, MD; Earl G. Moehn, MD; and B. David Wilson, MD.

Michigan Delegation to the AMA

Billy Ben Baumann, MD, Chair

The high spot of the year's events was the election in June of Charles C. Vincent, MD, Detroit, to a three-year term on the AMA Council on Medical Education. Doctor Vincent was the front-runner in a field of four candidates for the Council spot. In other gains, Tama D. Abel, MD, moved up to the position of chair of the AMA Young Physician Section; Susan H. Adelman, MD, became chair of the AMA Surgical Caucus; Marguerite R. Shearer, MD, was elected vice chair of the AMA Women's Caucus, and Thomas C. Payne, MD, was reappointed to the AMPAC Board of Directors. The Delegation shared in the presentation in June of the AMA's Scientific Achievement Award to William H. Beierwaltes, MD, Ann Arbor, pioneer in thyroid cancer treatment.

For the third straight year, Michigan has surpassed its previous year's AMA membership numbers, and this year it qualifies Michigan for an additional AMA delegate and alternate. That will bring to 12 the total number of each.

The Delegation introduced 11 resolutions at the 1994 AMA Annual and Interim Meetings. Five of those resolutions passed in some form. Topics of the successful resolutions were inappropriate requests for DEA numbers, amending the ERISA pre-emption provision, child care centers for medical students and residents, AMA legal assistance when a hospital unilaterally changes medical staff bylaws,

Continued on next page



Edward J. Rutkowski, MD, chair of the MSMS Hospital Medical Staff Section, reported on the accomplishments of the Section Friday evening.

and combining medicine and pediatrics as a primary care option. Another five resolutions were forwarded from the MSMS House of Delegates to the AMA by letter, and are in various stages of advancement.

Members of the Michigan Delegation include: Susan H. Adelman, MD; Busharat Ahmad, MD; Cathy O. Blight, MD; Robert D. Burton, MD; R. Jack Chase, MD; Gerald H. Mandell, MD; Robert E. Paxton, MD; Thomas C. Payne, MD; Rhoda M. Powsner, MD; Louis R. Zako, MD; B. David Wilson, MD; Peter A. Duhamel, MD; Marguerite R. Shearer, MD; Willard S. Stawski, MD; Charles C. Vincent, MD; John W. Hall, MD; Gilbert B. Bluhm, MD; Domenic R. Federico, MD; Krishna K. Sawhney, MD; Carl F. Hammerstrom, MD, and Pino Colone, MD, resident.



MSMS Alliance President Trudy Ritter addressed members of the House on the organization's accomplishments over the past year.

MSMS Alliance

Trudy Ritter, President

Following the lead of the American Medical Association Alliance, MSMS-A members voted to change their bylaws to gender neutral language. This past fall, in an effort to reflect the increasingly diverse membership base of the State Alliance, two new Special Committees were formed: the Male Spouse Committee and the International Spouse Committee. Resolutions were also submitted from MSMS-A to the American Medical Association Alliance recommending similar committees be formed on the national level.

For the second year in a row, the MSMS-A health promotions focus was on violence in America, specifically preventing gun injuries in children. With the help of Health Promotions Chair, Velva Clark, MSMS-A has continued the gun safety awareness poster contest in the elementary and middle schools. The winning poster from last year's contest has been developed into

a promotional gun awareness poster to be distributed to elementary and middle schools and physicians' offices. This poster will commemorate "Gun Awareness Week," which was declared by the Michigan Legislature as the third week in April. In addition, the scripts for the waiting room video program, which was started last year, have been developed. The videos will be shown in hospital emergency waiting rooms, doctors' offices and health clinics. Members of the MSMS Alliance will work with public broadcasting television station WTVS Channel 56 in Detroit to produce and distribute the videos.

Health Education Foundation

Robert E. Paxton, MD, President

The Health Education Foundation continues to work towards its goal of increasing the physician awareness level of the Foundation, its activities and its mission and thereby increasing contributions made to the Foundation.

HEF awarded the following grants in 1994:

WTVS/MSMS-A - support of \$10,000 for production and distribution of "Gunsense" videos. These videos will be utilized in physician and clinic waiting rooms to educate patients regarding the dangers of improperly stored firearms.

Watch Me Grow - support of \$5,000 to provide infant monitoring service, education regarding normal childhood development, support and a referral network to families of children, ages birth to three years, who are at risk for developmental delays in Upper and Northern Lower Michigan.

Center for Ethics and Humanities - \$2,500 for conference for physicians dealing with assisted suicide and pain management issues.

Health Day on Campus (Oakland County Medical Society) - support of \$2,000 to underwrite speaker expenses at all-day series of free public seminars to promote healthy living messages.

Specific Language Disability Center - support of \$2,000 for tutoring of dyslexic children and adults.

Lansing Area Parent's Respite Center - support of \$2,000 to train volunteers providing respite to parents of developmentally challenged children.

Project Compassion - support of \$2,160 for scholarships to train minority women for nursing assistant positions in long term care situations.

Respite Center Jackson County - \$1,600 for volunteer training to provide in-home respite to the caregivers of frail, dependent older adult family members.

Center for Gerontology Genesee County - \$1,200 for volunteer training to provide in-home respite to the caregivers of frail, dependent older adult family members.

Women in Medicine Lecture Series - \$900.50 for sponsorship of lecture series for female medical students at Michigan State University.

During 1995, the Golden Anniversary of the Health Education Foundation, a \$500,000 three-year capital campaign is being initiated. During this "Aspirations" campaign, members are being encouraged to make a three-year giving commitment and to explore the opportunities afforded by planned giving through bequests, estates and living trusts. The Board of Trustees recognize the membership's support is of the utmost importance if HEF is to remain a viable philanthropic entity.

Members of the Board of Trustees are: Busharat Ahmad, MD; Thomas J. Archambeau, MD; Gilbert Bluhm, MD; Anna H. Broecker, MD; Nancy Crandall; Henry M. Domzalski, MD; John W. Hall, MD; Vivian Lewis, MD; William E. Madigan; Robert E. Paxton, MD; Suzanne H. Pederson; Rev. Bertram W. Vermeulen; and Richard D. Weber.

MSMS Group Insurance Trust

Earl G. Moehn, MD, Chair

In the past year, GIT conducted a major strategic analysis of its current marketing and product line. One finding indicated GIT needed to determine (1) what additional products could be offered to physicians; and (2) the characteristics of its current market. To accomplish this, a four-phase market research study has been launched. The first phase is to develop for MSMS a database to be used to identify specific market segments and to determine both the size and demographic characteristics of the market. The second phase is to sample different segments of the market to determine their attitudes toward MSMS members and products. In conjunction with this phase of the market research program, a third phase of the program is to determine the best methods for reaching physicians with MSMS' messages. The fourth phase will determine if there are additional/modified products MSMS could develop to meet member needs.

Members of the Group Insurance Trust include: Jack L. Barry, MD; Billy Ben Baumann, MD; Henry M. Domzalski, MD; Peter A. Duhamel, MD; David M. C. Hislop, MD; William E. Madigan; W. Peter McCabe, MD; John H. McLaughlin, MD; Krishna K. Sawhney, MD; and B. David Wilson, MD.

Physician Service Group, Inc.

Billy Ben Baumann, MD, President

Physician Service Group, Inc. (PSG) continues its mission of providing high quality products and

services to MSMS members and non-dues revenue to MSMS. Over 11,500 physicians receive services through specialty societies administered by PSG. Approximately 13,000 physicians use various PSG endorsed products and services and 15,000 physicians, their families and employees use the services of the MSMS insurance programs administered by PSG.

• PSG currently provides professional management services to 15 medical specialty organizations.

• PSG provides administrative support and marketing for MSMS sponsored insurance programs. During the last year, approximately 13,750 calls were received by the customer service representatives regarding the MSMS insurance programs.

The challenge of adapting and modifying current products and services, while developing new programs to fit the changing complexion of health care delivery is the organization's priority in 1995.

PSG's Board members include: Fred W. Bryant, MD; Henry M. Domzalski, MD; Elizabeth A. Hutchinson, MD; Mark D. Kolins, MD; William E. Madigan; Peter T. Muller, MD; Allen F. Turcke, MD; and John A. Richards.

Physician's Review Organization of Michigan, Inc.

Robert C. Prophater, Sr., MD, President

A current goal established by PROM involves a collaborative approach with clients and tailoring services to meet their unique needs. Various activities in 1994 have set the foundation for this goal including discussion with an HMO to conduct specific consultation. In partnership with the University of Michigan School of Public Health, PROM is prepared to provide a population based study which will examine health service utilization among subscribers, outcomes of care, and the process of care delivery with an analytic approach.

PROM has expanded its peer review services to include implementation of an "Internal Peer Review Seminar" to assist hospitals in developing their own internal system.

PROM Board members include: Robert W. Black, MD; William E. Madigan; Gary D. Maynard, MD; Marsha Milburn, MD; Rene L. Monforton, Robert C. Packer, MD; Floyd C. Stevens, DO; Willard S. Stawski, MD; William E. Stevenson; Robert J. Stomel, DO; John R. C. Wheeler, PhD; Gordon White; Michael L. Zarr, MD. ■

Inaugural Address

Physician well-being a top priority for MSMS President B. David Wilson, MD



*“This is where I feel
MSMS can be the
greatest help...by
promoting physician
well-being.”*

Following are excerpts of the inaugural address of MSMS President B. David Wilson, MD.

There is no doubt about it, change is coming. Change is here. The market will not allow continuation of the status quo.

Change is uncomfortable and leads to uncertainty. This uncertainty has lead to much stress for physicians. And this is where I feel MSMS can be the greatest help in physician advocacy by promoting physician well-being.

By keeping our members fully informed and knowledgeable about all the options available, they will be able to make good judgment decisions and reduce the stress of the unknown.

Through these changing times, we need to conserve our greatest medical resource, the physician.

The revitalized MSMS Physician Well-Being Committee will be a facilitator to help a physician who is stressed out by a professional liability suit to get counseling, or maybe just talk to others about the mental and emotional effects of being sued. And if further care is needed, to point them in the right direction.

This could also be true for a physician who has met with personal family illness or a sudden death resulting in turmoil that for a short time may effect medical decision making.

MSMS also will serve as an educator and clearinghouse of facts and ideas. We will continue to advocate through legislation, develop new programs

and try to modify others to advocate what we feel is in the best interest of our patients and their physicians.

But this is not always going to be simply fighting to maintain the status quo. Instead, by informing and through education, we can help physician's adapt to the marketplace and to continue to provide the best medical care in a competitive, cost conscious manner.

We can teach physicians how to evaluate plans and contracts. We can help physicians join with others in a physician organization which, in turn, can work with a hospital to offer cost effective care.

We will open doors with other institutions to help physicians who want to move into medical administration where they can provide physician input into the new marketplace reforms and advocate for physicians and their patients.

For those who are preparing for retirement, or should be preparing for retirement more effectively, we will offer classes on how to plan more practically for that event.

We hope to tap our newly created Corporate Affiliated Physicians Committee to give advice to the middle-aged solo practitioner who must adapt as a salaried group physician.

The demographics of physicians are also changing. In addition to younger physicians who have not

been as active in the medical society, about 50 percent of our new physicians are women who want a career as well as a family.

These are needs we have yet to address squarely, but are certainly issues of physician advocacy and certainly part of the total physician well-being.

There is a new age of technology and computers out there that can provide all kinds of information quickly and efficiently.

The MSMS Board has approved a program to establish an MSMSNet through the Internet information superhighway. Many of the younger physicians feel at ease with this new technology, but there are many of us older physicians who are not "one" with the computer. We hope to bring courses to the counties and local communities to provide hands-on learning to demonstrate these new techniques and help us adapt to this new world of cyberspace.

For those who have burnout and are tired, we also have a Physicians in Transition Committee to help physicians move from specialty to specialty, or from medicine to another career or from active practice to administrative medicine or retirement.

In the smaller and especially rural communities, where the managed care that is common in our large urban areas is not as common, there is still a need to practice the business aspect of medicine efficiently, to cut our practice costs so we can remain competitive in the medical marketplace. MSMS provides excellent practice management consulting.

Although there is a fear of the unknown about the future, through knowledge we have the ability to deal with this new marketplace. The resulting changes might even help us provide a better product in health care.

Our challenge is to communicate this to our members. In the big picture, physician advocacy and physician well-being are one in the same. ■



Top right: Newly-elected MSMS President B. David Wilson, MD, and his wife Nancy, invite delegates and guests to the dance floor during the Presidential Ball Saturday evening. Above: Doctor and Mrs. Wilson (far left) enjoy a special presentation from MSMS Speaker Gary D. Maynard, MD, and his wife Mary at Doctor Wilson's installation.

MSMS Honors Outstanding Physicians

National President Award

This award was presented to the following physicians for their service as presidents of national medical organizations: **Ray Chamberlain, MD**, president, American Society of Abdominal Surgeons. Awardees not present were: **Bruce Gans, MD**, president, Association of Academic Psychiatrists; **Stella S. Evangelista, MD**, first woman president, Association of Philippine Physicians in America; **David J. Smith, MD**, president, American Association for Hand Surgery; **Bruce H. Drukker, MD**, president, Central Association of Obstetricians and Gynecologists; **Willard S. Stawski, MD**, president, Midwest Surgical Association; and **Alexander J. Walt, MD**, president, American College of Surgeons.



MSMS Immediate Past President Jack L. Barry, MD, (right) presents a National President Award to Ray Chamberlain, MD, American Society of Abdominal Surgeons.

Frederick and Besse Moulton Plessner Award

This award is presented by the MSMS Board of Directors to a rural physician who "best exemplifies the practice and ethics of a rural country practitioner." This year's recipient was **Maurice E. Hunt, MD**, Fairgrove, MI.



MSMS President-Elect W. Peter McCabe, MD, (right) presents the Frederick and Besse Moulton Plessner Award to Maurice E. Hunt, MD, outstanding rural family physician.

Presidential Citation

This award, presented to physicians or lay persons who have made an outstanding contribution to medicine in the state, was presented to the following people:

Hilda Sundberg, Executive Director
Calhoun County Medical Society
Richard C. Mudd, MD, Saginaw



Doctor Barry presents a Presidential Citation to Hilda Sundberg, retiring executive director of the Calhoun County Medical Society.

Richard D. Mudd, MD, discusses his Presidential Citation while MSMS Immediate Past President Jack L. Barry, MD, looks on.



Dear Doctor Barry,

Words fail to express my appreciation to you and the Society for the honor you bestowed on me. Actually, I did not know in advance what kind of honor I was to receive, but I thought it would be something like the citation I received in 1992. The significance of the honor didn't fully dawn on me until my son and I started for home, and I suddenly felt that there must be many others equally, if not more, deserving of such an award.

It was a real effort for me to attend the meeting, so I felt fortunate that I made it through. I was impressed by the helpfulness of so many.

I wanted to thank you for your excellent introduction, including your remarks about my 77 years of effort to have my grandfather exonerated.

*All in all, it was a very memorable day for me.
With kindest regards,*

Richard D. Mudd, MD



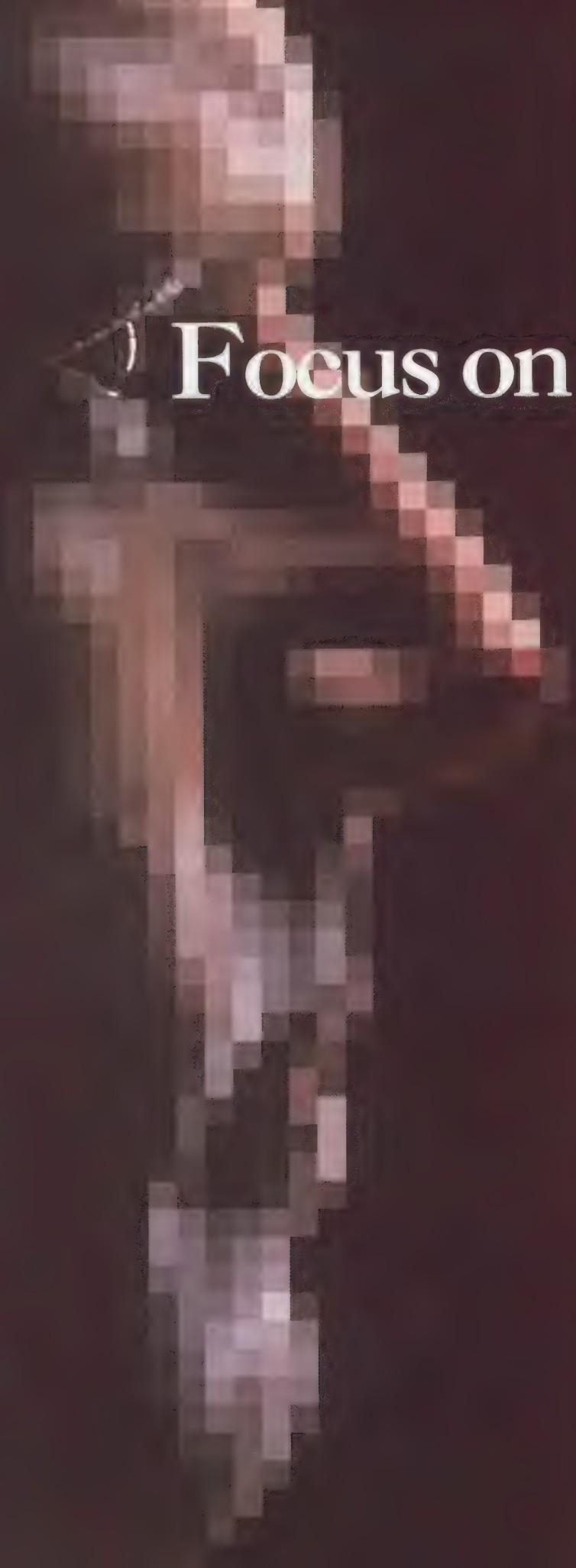
Twenty-nine physicians gathered at the MSMS House of Delegates to receive 50-year awards. Awards were given to a total of 110 physicians.

Physicians recognized for 50 years of service

MSMS bestowed awards to the following physicians for 50 years of service:

Joseph P. Abraham, MD, Birmingham, MI
George D. Alger, MD, Kalamazoo, MI
Donald T. Anderson, MD, Kingsford, MI
Eugene S. Austin, MD, Owosso, MI
Robert J. Bahra, MD, Mackinaw City, MI
Norman L. Banghart, MD, Salem, SC
Louis C. Barbaglia, MD, Cape Coral, FL
Alwin S. Barefield, MD, Detroit, MI
David H. Barker, MD, Beaverton, OR
Maxwell D. Bentley, MD, Cadillac, MI
Robert T. Blackhurst, MD, Midland, MI
Robert E. Bolthouse, MD, Muskegon, MI
A. Peter Brachman, MD, Allegan, MI
James C. Breneman, MD, Galesburg, MI
Charles O. Brosius, MD, Battle Creek, MI
Waldo L. Cain, MD, Detroit, MI
Tomas R. Cajigas, MD, Bay City, MI
Richard E. Campbell, MD, Sedona, AZ
John C. Carlisle, MD, Jacksonville, FL
John R. Carney, MD, Salem, NC
Ruth C. V. Carney, MD, Salem, NC
Andrew F. Caughey, MD, Ann Arbor, MI
Albert J. Cerevolo, MD, Grosse Pte., MI
Edward M. Chandler, MD, Battle Creek, MI
Arnold D. Charnley, MD, Ann Arbor, MI
Carroll K. Clawson, MD, Grand Rapids, MI
Roy V. Cooley, MD, Pontiac, MI
John J. Coury, MD, Fort Gratiot, MI
Nicholas G. Douvas, MD, Port Huron, MI
Arthur F. Dunton, MD, Traverse City, MI
Frank A. Duwe, MD, Lathrup Village, MI
Edward G. Forgrave, MD, Farmington Hills, MI
Melvin J. Frieswyk, MD, Holland, MI
Raymond A. Gagliardi, MD, Boca Raton, FL
James O. Galles, MD, Coloma, MI
Louis J. Gregory, MD, Detroit, MI
Robert H. Grekin, MD, Kalamazoo, MI

Elizabeth A. Gurden, MD, Owosso, MI
Arthur K. Hamp, MD, Grand Rapids, MI
John G. Harvey, MD, Muskegon, MI
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Earl J. Horkins, MD, Stewart, FL
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Gerald P. Lammers, MD, Ida, MI
Harry L. Levett, MD, Venice, FL
David B. Levy, MD, Southfield, MI
Richard E. Lininger, MD, St. Joseph, MI
Theodore J. Lukens, MD, Flint, MI
Hayward C. Maben, MD, Detroit, MI
John E. Magielski, MD, Ann Arbor, MI
Joseph H. Maltzer, MD, Longboat Key, FL
Frank R. Markey, MD, Birmingham, MI
Joyce W. Mason, MD, Ann Arbor, MI
Donald G. May, MD, Kalamazoo, MI
George E. McKeever, MD, Dearborn, MI
Michael J. Michael, MD, Southfield, MI
Glenn E. Mohney, MD, Venice, FL
Leonard A. Morin, MD, Southfield, MI
Thomas J. Mudge, MD, Marquette, MI
E. Grant Murphy, MD, Grand Blanc, MI
Gordon S. Musick, MD, Kissimmee, FL
James C. Neering, MD, Dansville, MI
Edward A. Petoskey, MD, Detroit, MI
Joseph D. Picard, MD, Dearborn, MI
Luis C. Posada, MD, East Lansing, MI
Russell M. Ragan, MD, Mt. Pleasant, MI
Jordan C. Ringerberg, MD, Caledonia, MI
George Ritter, MD, Lathrup Village, MI
Herbert J. Robb, MD, West Bloomfield, MI
J. Speed Rogers, MD, Brevard, NC
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David A. Schane, MD, Southfield, MI
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Francis M. Sheridan, MD, Huntington Woods, MI
James W. Skinner, MD, St. Joseph, MI
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William M. Sokol, MD, Birmingham, MI
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- Capitalizing a PO
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Friday and Saturday
September 15-16, 1995



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Delegates elect physicians to MSMS posts

The 1995 House of Delegates elected the following MSMS officers and directors, as well as delegates and alternates to the American Medical Association.

OFFICERS

(to the 1996 House of Delegates)

President

B. David Wilson, MD, Kalamazoo

President-elect

W. Peter McCabe, MD, Grosse Pte. Woods

Secretary

Thomas R. Berglund, MD, Portage

Treasurer

Billy Ben Baumann, MD, Pontiac

Assistant Treasurer

Earl C. Moehn, MD, Mt. Clemens

Speaker

Gary D. Maynard, MD, Kalamazoo

Vice-Speaker

Dorothy M. Kahkonen, MD, Detroit

Board Chair

Peter A. Duhamel, MD, Rochester

Board Vice Chair

Krishna K. Sawhney, MD, Farmington Hills



Newly-elected MSMS President-Elect W. Peter McCabe, MD, addresses delegates and guests at the MSMS House of Delegates Meeting.

DISTRICT DIRECTORS

(to the 1998 House of Delegates)

Richard P. Horsch, MD,
Farmington Hills, 1st District

Joseph J. Weiss, MD, Livonia, 1st
District

Joseph M. Beals, MD, Detroit, 1st
District

Charles C. Vincent, MD, Detroit
1st District

David J. Millard, MD, Paw Paw,
4th District

James B. Kilway, MD, Kalamazoo,
4th District

John MacKeigan, MD, Grand
Rapids, 5th District

Cathy O. Blight, MD, Flint, 6th
District

Rhoda M. Powsner, MD, Ann Ar-
bor, 14th District

DELEGATES TO THE AMA

(to the 1997 House of Delegates)

Susan Hershberg Adelman, MD,
Southfield

Pino Colone, MD (Resident) Livo-
nia

Peter A. Duhamel, MD, Roches-
ter Hills

Thomas C. Payne, MD, East Lan-
sing

Rhoda M. Powsner, MD, Ann Arbor

Willard S. Stawski, MD, Grand
Rapids

Charles C. Vincent, MD, Detroit

B. David Wilson, MD, Kalamazoo

ALTERNATE DELEGATES TO THE AMA

(to the 1997 House of Delegates - in order of seniority)

Marguerite R. Shearer, MD, Ann
Arbor

Gilbert B. Bluhm, MD, Troy

Krishna K. Sawhney, MD, Taylor

Carl F. Hammerstrom, MD,
Marquette

Thomas E. Stone, MD, Muskegon

Appa Rao Mukkamala, MD, Grand
Blanc

Fred E. Patterson, MD, Jackson

Alan M. Mindlin, MD, Pontiac

Dorothy M. Kahkonen, MD, De-
troit

Michael App (Student) Royal Oak

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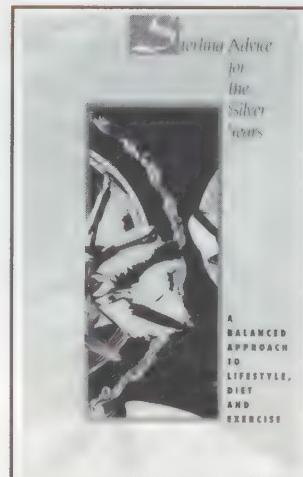
Consider us your resource for patient education materials. When it comes to communicating important messages about healthy lifestyles and diets, we're here to help. Through a variety of education pieces, we can supply the latest recommendations of professional health organizations as well as research-based nutrition data. To learn more about the Michigan Beef Industry Commission and to receive your free copies of the materials featured here contact us today.

The patient education materials featured below are all favorably reviewed by the American Academy of Family Physicians Foundation.



A Good Start

This guide for expectant mothers teaches the importance of nutrition during pregnancy. Patients learn how nutritional requirements relate to the growth and development of a healthy, full-term baby. Topics include: physiological changes; meal planning; snack suggestions; effects of drugs, alcohol, tobacco and caffeine; tips for the workplace; rest, exercise and more.



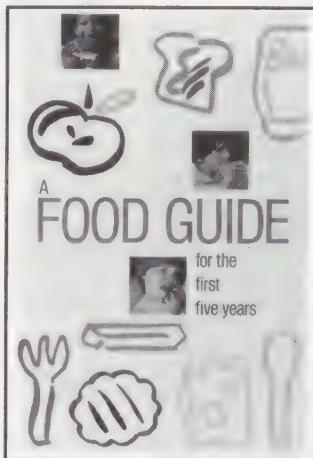
Sterling Advice for the Silver Years

Targeted at healthy, older adults, this booklet is designed to help patients maintain a high quality of life. Topics include: health, fitness and economical ways to shop and cook.



Nutrition Strategies

This upbeat patient education brochure opens into a poster packed full of valuable, heart-healthy diet and lifestyle information. Included are basic facts about cardiovascular risk as well as painless steps people can take to achieve better health.



A Food Guide for the First 5 Years

Designed for parents, this booklet contains information on feeding and meal preparation as well as an explanation of nutrient density and energy balance. Also featured are restaurant and travel pointers, tips on choking prevention, nutritious snack ideas and guidelines for encouraging children to help in the kitchen.

Michigan Beef Industry Commission
2145 University Park Drive, #300
Okemos, Michigan 48864
517/347-0911 • 517/347-0919 fax

MSMS Board acts on several key issues



Members of the MSMS Board of Directors met prior to the opening of the House Friday afternoon

- **Part-time dues for part-time physicians**

(Board Action Report #1/Resolution 3-94A). This report recommended that MSMS create a category for part-time members to be defined as "physicians who work less than 20 hours per week." It also recommended that these physicians pay one-half of the annual active membership dues. In addition, it recommended that these physicians be eligible for all membership benefits including the right to vote, hold office and hold committee positions. It further recommended that this member category be initiated in 1996 and be terminated at the convening of the House of Delegates in 1998. Finally, it recommended that the MSMS Board be charged with further study of the effectiveness of this category on income and membership. If the category is judged effective, the Board will recommend a bylaws change. The House approved these recommendations.

- **Reimbursement for committee member travel expenses** (Board Action Report #2/Resolution 84-94A).

This report recommended that the

following be adopted in lieu of Resolution 84-94A: that it is "each MSMS committee chair's decision as to whether or not audio teleconferencing will be an available option at a particular committee meeting for committee members. Each newly appointed committee member is encouraged to attend at least one meeting per year." The House approved this recommendation.

- **Chlorinated chemicals and Great Lakes Water Quality** (Board Action Report #3/Resolution 5-94A & 88-94A).

This report recommended the House approve a substitute resolution entitled, "Great Lakes Toxins." The substitute resolution included seven recommendations including (1) that MSMS support a risk management process that includes the full range of pollution prevention options, such as source reduction, recycle-reuse and treatment, and (2) that MSMS support risk management strategies to address worker, consumer, public health and environmental concerns associated with chlorinated and non-chlorinated compounds. The House approved these recommendations.

- **Change pharmacy dispensing regulation for free medical clinics** (Board Action Report #4/Resolution 90-94A). This report recommended that the House take no further action on this resolution. Approved.

- **Expulsion of members following conviction of a felony** (Board Action Report #5/Resolution 76-94A). This report recommended that "the 1995 House of Delegates affirm support of the MSMS Constitution and Bylaws Chapter 7.00 Conduct and Discipline of Members, and specifically Section 9.10 and 9.20 which call for expulsion of 'any member of a component society whose license to practice medicine shall have been revoked or who shall have been convicted of a felony in any state or federal court.'" The House approved this recommendation.



AMA Delegation Vice Chair Cathy O. Blight, MD, presented a Certificate of Appreciation to Robert E. Paxton, MD, retiring AMA delegate, for his years of national service. Doctor Paxton also is president of the Health Education Foundation and is a past president of MSMS.

- **Conflicts of interest** (Board Action Report #6/Resolution 47-94A). This report recommends that the 1995 House of Delegates disapprove Resolution 47-94A entitled, "Conflicts of Interest," and that the current Conflict of Interest Policy be enhanced by requiring the MSMS Board Chair, after reviewing officers' and directors' conflict of interest statements each year, to provide a formal report to the MSMS Speaker on the information enclosed. In addition, it recommends that MSMS staff urge MSMS committee chairs to ask members at meetings to identify themselves by geography, specialty, and any affiliations related to agenda topics which might con-

stitute a conflict of interest." The House approved these recommendations.

- **Government and health care inflation** (Board Action Report #7/Resolution 69-94A). The Reference Committee on Medical Care Delivery recommended disapproval of the following Recommendation of Board Action Report #7:

RECOMMENDATION: That the 1995 House of Delegates disapprove Resolution 69-94A, Government and Health Care Inflation.

The House approved the recommendation of the Reference Committee.

- **Maximizing health care resources** (Board Action Report #8/Resolution 40-94A). This report recommends that the 1995 House of Delegates adopt this report in lieu of Resolution 40-94A, "Maximizing Health Care Resources." The House approved this recommendation.

- **Contracts for laboratory and other diagnostic services** (Board Action Report #9/Resolution 82-94A). This report recommends that the 1995 House of Delegates approve Resolution 82-94A which asks that MSMS educate parents and insurers that the process used in selecting providers of diagnostic services needs to involve careful consideration of the quality of services to effective patient care. It also recommends that MSMS strongly oppose the further erosion of quality patient care through policies that restrict access to high quality laboratory and other diagnostic services." The House approved these recommendations.

- **Statement on integrity and the values and principles embedded in the tradition of medicine** (Board Action Report #10). It was recommended that this report be referred to the MSMS Board for further study. The House approved this recommendation.

- **Access to medical care in Michigan** (Board Action Report #11/Resolution 94-94A). This report recommends that the 1995 House of Delegates disapprove Resolution 94-94A, "Access to Medical Care in Michigan." The House approved this recommendation.

- **Any willing provider** (Board Action Report #12/Resolution 10-94A). It was recommended that this report be referred to the MSMS Board for further study. The House approved this recommendation. ■

Exaugural Address

MSMS Outgoing President Jack L. Barry, MD, reflects on a year of many accomplishments



*“When we truly have
the best interests of our
patients at heart, we
are a mighty force.”*

Following are excerpts of the exaugural address of outgoing MSMS President Jack L. Barry, MD.

MSMS is one of few state medical societies with a growing membership. Most others are stagnant, and a good number are declining in membership. Why are we growing while others decline? I believe it goes back to our commitment to our patients and our commitment to our profession. When we truly have the best interests of our patients at heart, we are a mighty force.

Let me run down just a few of the things we did this year that I was particularly proud of.

Health system reform

In the area of health reform, your MSMS leaders put in several grueling trips to Washington for face-to-face meetings with our Congressional delegation.

When the AMA puts out a nationwide call for physician leaders to put on a show of force in Washington, they know they can count on Michigan. Many MSMS leaders lost a lot of practice days to this effort, but I know every one of them believes the effort was worthwhile.

In Washington, we let our senators and representatives know exactly what we liked and didn't like about proposed health system reform. They listened to us and I think they got our message, mainly that the Clinton plan took choice away from our patients.

Professional liability reform

We also lobbied for professional liability reform

and for antitrust relief. And we will be watching closely and reacting quickly as Congress takes the knife to the Medicare program.

It is a necessary evil to make this kind of personal contact with our federal legislators. It really is like they say it is—watching the sausage being made. But we are all on a first name basis now. And that helps when we're dealing with all of the complex issues facing physicians and patients.

In Michigan, we are even more active with our state senators and representatives and, thanks to you and your colleagues writing letters and making phone calls, we've made our voice heard real loud in downtown Lansing.

Medical Savings Accounts

One big accomplishment in the past year was passage of legislation to allow Medical Savings Accounts, or “Medical IRAs.” The Governor signed this legislation into law in July.

The new law allows employers to create “Medical IRAs” for employees under which a person may pay for medical expenses from pretax dollars and roll over any unused portion from year to year to create a “rainy day fund” for medical expenses.

The theory behind “Medical IRAs” is that people will have more of an incentive to shop around for cost-effective health care because the resulting savings will go to themselves.

MSMS is working with the AMA to get the same legislation passed on the federal level to make sure that Michigan's "Medical IRAs" are also exempt from federal taxation.

Other accomplishments

Other accomplishments in the state legislature include the defeat of legislation that would expand the scope of practice of chiropractors and bills that would allow for direct reimbursement of allied health professionals.

MSMS also worked for an increase in the tobacco tax. A portion of the increase is earmarked for promoting public health.

Our most recent efforts in the Michigan legislature focus on activities of Representative John Jamian. He chaired the House Republican Task Force on Health Care Reform last year.

His task force came up with some good ideas for expanding health care coverage to more Michigan citizens without going to a universal system.

Representative Jamian is proposing some small market insurance reforms and Medicaid reforms that MSMS will consider when final legislative language is available.

Insurance reforms being discussed include the elimination of pre-existing exemptions and making health insurance more portable from job to job.

The Medicaid reforms include a program that would allow people with incomes up to 200 percent of the federal poverty level, but who do not qualify for Medicaid, to buy into the Medicaid program at an affordable price.

As I said before, MSMS will look at these programs when more details are available.

Patient Protection Act

MSMS is also looking at a Michigan Patient Pro-

tection Act based on the AMA's patient protection act dealing with managed care plans. The MSMS Board has appointed a special task force to look into an MPPA and make recommendations.

The idea behind a patient protection act stems from the issues and concerns patients and physicians are facing with the increase in managed care plans. We need to look at keeping physicians and patients together in an era of cost containment and dare I say, -- the potential for rationing.

Corporate affiliated physicians

And finally, one of the things that I am very excited about is our new Corporate Affiliated Physicians Committee.

As you will recall last year the House passed a resolution entitled the "Corporate Practice of Medicine."

It called on MSMS "to support all physicians in their dedication to provide high quality care regardless of their means of employment."

I've been involved with this committee since its beginning and I think it will be a very important committee to MSMS.

At our first meeting in December, we developed a list of interests and concerns. We talked about the general differences between private practice and employed physicians, what they need and what they want from the medical society.

It's going to take a lot of time and a lot of discussion to work out all of the concerns of corporate affiliated physicians. But I think this is one more example of how MSMS reaches out to *all* physicians and brings them in under the MSMS umbrella.

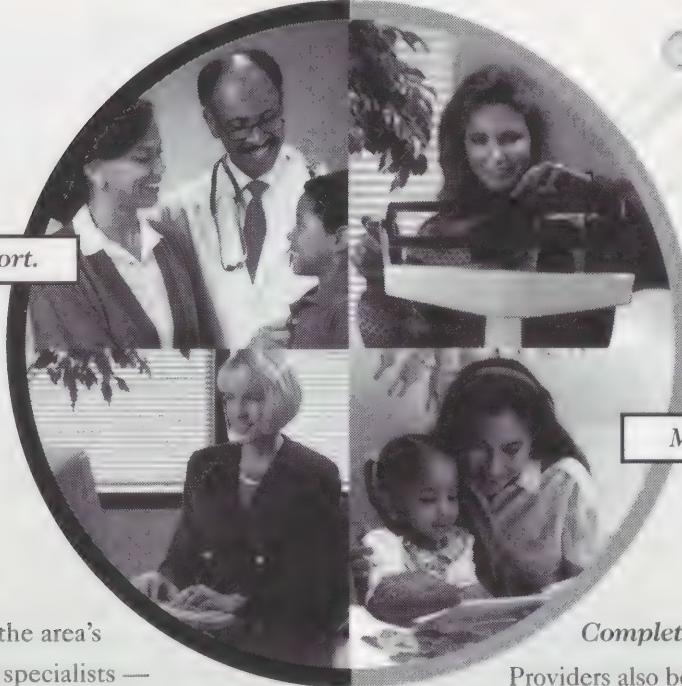
With all of our accomplishments and on-going activities, we still have a lot of challenges and a lot of opportunities facing us. But we will continue to thrive as long as we remain advocates for our patients, unified in our profession and active at the grassroots level. ■



Twelve MSMS past presidents gathered for a photo the evening of the presidential ball. They are (l to r): Louis R. Zako, MD; John J. Coury, MD; Robert D. Burton, MD; Thomas C. Payne, MD; Frederick E. Bryant, MD; Jack L. Barry, MD; Robert E. Paxton, MD; Susan H. Adelman, MD; Richard J. McMurray, MD; Thomas R. Berglund, MD; Gilbert B. Bluhm, MD; and John R. Ylvisaker, MD.

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MSMS names life, retired members

Life Memberships

Members who have maintained an active membership in good standing for 25 years in any one or more constituent state societies of the American Medical Association, with any five years in Michigan, with dues paid for the previous calendar year and who: 1) have attained the age of 70 years; or 2) have been in practice for 50 years.

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Edward H. Rodda, MD

Berrien

Donald C. Camp, MD

Calhoun

Atmaram B. Bhansali, MD

Genesee

Cory E. Cunningham, MD; Heinz H. Schwarz, MD; George A. West, MD

Grand Traverse-Leelanau-Benzie

Franklin V. Wade, MD

Ingham

B. Wayne Bingham, MD; Roy J. Gerard, MD; Francis A. Horvath, MD; William B. Weil, MD

Jackson

Alim Sipahi, MD

Kalamazoo

John S. H. Pai, MD; Lawrence D. Stieglitz, MD

Kent

Ben G. Hoffman, MD; William E. Sprague, MD

Macomb

Jule J. Merritt, MD

Marquette-Alger

Walter R. Olson, MD

Muskegon

James W. Barnes, MD

Oakland

Edwin L. Berger, MD; Robert S. Cooper, MD; H. Louis De Vito, MD; Samuel R. Fink, MD; Harvey W. Halberstadt, MD; George J. Hambalgo, MD; Lawrence Koltonow, MD; John H. McLaughlin, MD; Walter A. Poznanski, MD; Morris Weiss, MD

Schoolcraft

G. Richard Keskey, MD

Shiawassee

Henry T. Forsyth, MD

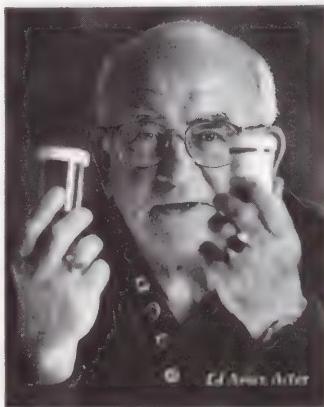
Washtenaw

Jane M. Bloom, MD; Thomas J. DeKornfeld, MD; Paul F. Gerigk, MD; Ralph M. Hulett, MD; Richard D. Judge, MD; Gail A. Locken, MD; Delbert E. Pearson, MD; Albert J. Silverman, MD; James A. Taren, MD; Charles M. Wylie, MD

Wayne

Robert H. Burge, MD; Volna Clermont, MD; Emma J. Conklin, MD; C. F. Derrick, MD; Thomas A. Fox, MD; Allegro J. Godley, MD; James H. Graves, MD; Louis F. Heyman, MD; Rachel B. Keith, MD; Robert P. Lilly, MD; Mary S. Logan, MD; Saul Z. Margules, MD; Roy W. Matthews, MD; Cornelius E. Mc Cole, MD; Harold Perry, MD; Juan G. Posada, MD; Robert C. Rood, MD; Manuel Sklar, MD; Sidney L. Stone, MD; L. A. Van Becelaere, MD; Adam J. Wlodarczyk, MD; Irving I. Young, MD

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Retired Memberships — Members who have maintained active membership in any one or more constituent state societies in Michigan for a period of five or more years, and who have retired from practice.

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L. A. La Gattuta, MD

Barry

William Baxter, MD

Bay

Donald A. Campbell, MD
Robert J. Ferguson, MD

Berrien

Dixon L. Bieri, MD

Branch

Nern Boonprasert, MD

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Sorab A. Colah, MD
Clifford L. Doane, MD
Nicanor M. Guevarra, MD
A. L. Koh-Guevarra, MD

Marquette-Alger

Adam Brish, MD
Alan F. Hunter, MD
Eric T. Lincke, MD

Mecosta-Osceola-Lake

Leland A. Hickox, MD
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Ben R. Mayne, MD
Robert L. Vitu, MD

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Felipe B. Figuracion, MD

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Anthony Pacek, MD
John C. Shelton, MD
Marianne Whowell, MD

Wayne

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This conference is appropriate for physicians, physician assistants, nurses, public health staff, medical and nursing students, and anyone interested in learning about current immunization practice in Michigan.

Program Content:

- New vaccines, new recommendations
- Statewide immunization registry
- Quality assurance tools: tracking and assessment
- Community partnerships
- Vaccine access issues
- Surveillance of vaccine-preventable diseases
- Hepatitis B update

Approved for 4.5 Category I CME credit hours. CEU credits also approved.

Conference Dates and Locations:

October 6 - Grand Rapids

October 13 - Marquette

October 11 - Gaylord

October 20 - Novi

Conference times: 8:30-3:00; Registration fee: \$25

For more information about registration, speakers, and agenda, contact:

Rosemary Franklin
Immunization Section
Michigan Department of Public Health
517/335-9485

Speakers:

Speakers will include representatives from local health departments, MDPH, and community and university-based providers.

A complete agenda and list of speakers will be mailed to registrants with confirmation.

Co-sponsored by:

*Michigan Association for Local Public Health; Michigan Association of Osteopathic Physicians and Surgeons, Inc.; Michigan Chapter, American Academy of Pediatrics;
Michigan Council for Maternal and Child Health; Michigan Department of Public Health;
Michigan 4C Association; Michigan Health & Hospital Association;
Michigan Nurses Association; Michigan Primary Care Association; Michigan State Medical Society;
National Association of Pediatric Nurse Associates and Practitioners;
Society of Pediatric Nursing, Great Lakes Chapter and West Michigan Chapter*



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Moufid Mitri, MD, Oakland
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Board Advisors:

Robert W. Black, MD
Richard P. Horsch, MD
James E. McGillicuddy, MD

AMA Delegation Advisors:

Susan H. Adelman, MD
Gilbert B. Bluhm, MD

Staff:

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Julie L. Lester
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1st 2nd 3rd

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Speaker:

Gary D. Maynard, MD

X X X

Vice Speaker:

Dorothy M. Kahkonen, MD

X X X

Secretary:

Thomas R. Berglund, MD

X X X

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X X -

BARRY

David M. Woodliff, MD

X X X

BAY

Scott A Baker, MD

- - -

Paul L. Chan, MD

- X X

Mark C. Komorowski, MD

X X X

BERRIEN

Fred M. Busse, MD

X X X

Daniel F. Kreider, MD

X - X

James E. O'Dorisio, MD

- - -

Linda K. Stanley, MD

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Clinton W. Wilson, MD

X X -

BRANCH

Jeffrey C. Custer, MD

- - -

CALHOUN

Marjorie J. Hickman, MD

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Karl F. Loomis, MD

- - -

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X - X

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- - -

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Edwin H. Gullekson, MD

X X X

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Vivian M. Lewis, MD

X X X

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Sudarsan Misra, MD

- X -

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Appa Rao Mukkamala, MD

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W. Archibald Piper, MD

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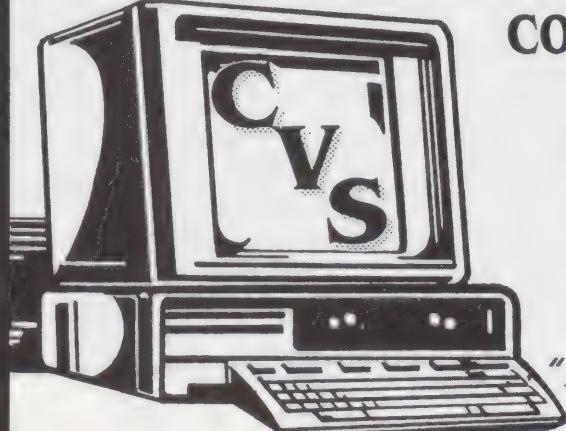
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	Devendra K. Sharma, MD	X X X	Domenic R. Federico, MD	X - X
GRATIOT	ISABELLA-CLARE		Gregory J. Forzley, MD	- X X
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Rudy W. Stefancik, MD	Bernard Z. Reizner, MD	X X X	Ann M. Minnema, MD	- - -
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Don G. Davis, MD	Joseph E. Kincaid, MD	X - -	Peter D. VanVliet, MD	- - -
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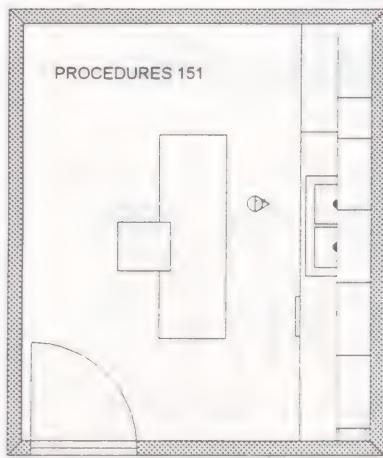
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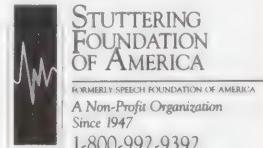


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Cardiology Division

Magnus Ohman, M.D.

Assistant Professor of Medicine
Coordinator of Clinical Trials
Interventional Cardiology
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William O'Neil, M.D.

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There's no getting around it: knowledgeable, exciting speakers make the program and information memorable. That's been a primary motivator in planning *Cardiology 2000*. We've brought together world-renowned speakers and top regional experts to lecture on leading-edge topics. At the same time, each topic has been evaluated for its clinical relevance to specific practices, patients, and the changing environment of health care delivery.

Cardiology 2000 will take place November 10, 11 and 12. The lectures will be of interest to Primary Care and Internal Medicine practitioners, Cardiologists and allied professionals. *Cardiology 2000* will include workshops, inter-active displays, and a computerized audience response system — all planned to maximize education and understanding of the material.

A year in the planning, every effort has been taken to bring together the best speakers on the right topics. An equal effort has been made to have the program convenient and affordable. *Cardiology 2000* will be held at the Novi, Michigan Hilton and Conference Center. Special room rates are available. Early registration for the conference is encouraged — space is limited. Plan now to attend this important program.

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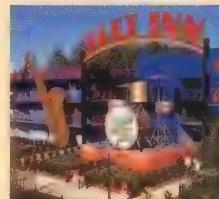


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CATEGORY I COURSES

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

JULY

7-9, Gastroenterology for the Gastrointestinal Consultant.

Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Division of Gastroenterology and Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit.

7-9, Gastroenterology for the Primary Care Physician.

Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Division of Gastroenterology and Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit.

9-12, 21st Annual Mackinac Island Course: Advances in the Management of Infectious Diseases.

Location: Grand Hotel, Mackinac Island,

Michigan. **Sponsor:** University of Michigan Medical School, Division of Infectious Diseases, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 13.0 hours Category I Credit.

11, Exploring Narcissism: Pathologic vs. Adaptive Manifestations.

Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

14-15, Sclerotherapy.

Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 11.25 hours of Category I Credit.

18, Exploring Narcissism: Pathologic vs. Adaptive Manifestations.

Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

23-25, 9th Annual Symposium on Breast Disease: Diagnostic Imaging and Current Management With a Special Focus Session for Technologies.

Location: Grand Traverse Resort Village, Grand Traverse, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medi-

cal School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

25, The Use of Videotaping to Enrich the Psychotherapy Process.

Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

28-29, 75th Annual Collier Penberthy Thirlby Medical Conference.

Location: Park Place Hotel, Traverse City, Michigan. **Sponsor:** Munson Medical Center and Medical Staff. **Contact:** Paula Parshall, Medical Education, Munson Medical Center, 1105 Sixth Street, Traverse City, Michigan, 49684-2386, phone (616) 935-6546, fax (616) 935-7124. **Approved for:** 9-13 hours of Category I Credit.

AUGUST

1, The Use of Videotaping to Enrich the Psychotherapy Process.

Sponsor: Bar-Levav Educational Association. **Contact:** Joseph Gluski, MD, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810) 353-5333. **Approved for:** 4 hours of Category I Credit.

9, Flexible Sigmoidoscopy.

Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

9-10, Colonoscopy/Common Anorectal Disorders/Hemorrhoid Treatment.

Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:**

Continued on page 59

PHOTODYNAMIC THERAPY

The Department of Otolaryngology--Head and Neck Surgery and Department of Pulmonary Medicine at Henry Ford Hospital are conducting a research study for the application of **Photofrin® (porfimer sodium)** and photodynamic therapy for treatment of recurrent laryngotracheobronchial papillomatosis in juvenile onset and adult onset populations.

All adults and children over the age of 13 who have been diagnosed with laryngotracheobronchial papillomatosis and who have failed conventional medical and surgical therapy are eligible to participate in the study. Patients to be treated will be evaluated by a professional voice therapist pre- and post-treatment.

In addition, Henry Ford Hospital is participating in several multiinstitutional national and international research studies in the application of photodynamic therapy with Photofrin or Tin purpurin Photosensitizers for Photodynamic therapy treatment of patients with the following problems:

- 1) partially and completely obstructing esophageal carcinoma that has failed conventional therapy,
- 2) severe dysplasia and carcinoma *in situ* in Barrett's esophagus,
- 3) superficial field cancerization (carcinoma *in situ* and T1NOMo) and condemned mucosa of the oral cavity,
- 4) palliative treatment of head and neck cancer that has failed conventional therapy,
- 5) mucocutaneous AIDS-related Kaposi's sarcoma of the head and neck, and
- 6) recurrent or persistent malignant skin disease of the head and neck (i.e., squamous cell carcinoma, basal cell carcinoma, malignant melanoma, metastatic skin cancer, Bowen's disease, and verrucous carcinoma).

Please forward all questions regarding the above studies and potential candidates for PDT assessment and treatment to:

Vanessa G. Schweitzer, M.D., F.A.C.S.
Principal Investigator
Department of Otolaryngology--Head and Neck Surgery
Telephone (313) 876-3279; Fax (313) 876-7263

Paul Kvale, M.D.
Department of Pulmonary/Critical Care Medicine
Telephone (313) 876-2439

Henry Ford Hospital
2799 West Grand Boulevard
Detroit, Michigan 48202

Continued from page 57

CATEGORY I COURSES

Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

11-12, EGD (Gastroscopy). **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

11-14, Advances in Office Psychiatry: Mood and Anxiety Disorders. **Location:** Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

13-16, Internal Medicine Update. **Location:** Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit.

24-25, Colposcopy for the Primary Care Physician. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24-27, Cardiology Update. **Location:** Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine.

Contact: Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

26, Vasectomy (No-scalpel technique). **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

SEPTEMBER

11-16, Pediatric Board Review. **Location:** Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School, Michigan Association of Pediatric Program Directors, Michigan Chap-

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CATEGORY I COURSES

ter, American Academy of Pediatrics. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 63.5 hours of Category I Credit.

14-16, Cancer Prevention and Screening. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.0 hours of Category I Credit.

14-16, Suffering and Healing: Exploring the Connections Between Physicians and Patients. **Location:** The Fetzer Institute, Kalamazoo, Michigan. **Sponsors:** American Academy on Physician and Patient, The Fetzer Institute, and the Michigan State University Kalamazoo Center for Medical Studies. **Contact:** Robert

C. Smith, MD, Course Director, B306 Clinical Center, Michigan State University, East Lansing, Michigan, 48824, (517) 355-6516.

Approved for: 14 hours of Category I Credit.

27-28, Office Procedures for Primary Care Physicians: 7th Annual Workshop Course.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

OCTOBER

6-7, OB Ultrasound.

Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood

Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

12-14, The Grand Rapids

22nd Annual International Symposium on Implant Surgery for the Hand, Upper Extremity, and Foot (including surgical demonstrations on live closed circuit color television).

Location: Blodgett Memorial Medical Center, Grand Rapids, Michigan. **Sponsors:** The International Federation of Societies for Surgery of the Hand, the Dissemination of Knowledge Foundation, and Blodgett Memorial Medical Center. **Contact:** Alfred B. Swanson, MD, Blodgett Professional Building, 1900 Wealthy S.E., Suite #290, Grand Rapids, Michigan, 49506, (616) 774-0440, fax - (616) 774-8280. **Approved for:** 18 hours of Category I Credit.

19-21, The Seventh Annual Modern Perinatal Problems.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of

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Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

26-28, Selected Hot Topics in Procedures. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

NOVEMBER

3-4, Colposcopy for the Primary Care Physician. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

10-12, Cardiology 2000, The 11th Annual Allen Zieger Memorial Lecture Series. **Location:** Novi Hilton Hotel and Conference Center, Novi, Michigan. **Sponsor:** Botsford General Hospital. **Contact:** Symposium Coordinator, Botsford General Hospital, Medical Education, 28050 Grand River Avenue, Farmington Hills, Michigan, 48336-5933, (810) 471-8222, fax (810) 471-8837. **Approved for:** 21.5 hours of Category I Credit.

16-17, Dermatologic Procedures. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

18, Advanced Suturing. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909

Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 4.0 hours of Category I Credit.

DECEMBER

1-2, EGD (Gastroscopy) **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

7-8, Colposcopy for the Primary Care Physician. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

9, LEEP/LETZ/LOOP. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

10, Advanced Colposcopy. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 7.5 hours of Category I Credit. ■

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ADVERTISING INDEX

Allied Office Interiors	53
Binson's	63
Botsford General Hospital	56
Colonial Valley Software	50
Comerica	64
Corning Metpath	48
Curare	63
Disney/Nat'l Car Rental	insert
DMC Health Centers	64
Doctor Chiodo	61, 71
Harper Associates	68
Henry Ford Hospital	58
Intrav	4
Jirous Mgt. Grp.	61
LaSalle Medical Group	63
The Law Center	54
Locum Medical Group	65
Meadowbrook	IBC
Medical Billing Corp.	38
Medical Billing Service	2
MI Beef Industry Comm.	39
MI Book Store	51
MPMLC	BC
MSMS Group Insurance Trust .	66
Oakwood	68
OmniCare	44
PC Medical	59, 65
Physician Service Group	1
Physicians Leasing Co.	52
PICOM	IFC
Pinkus Dermatopathology Lab., PC	
64	
Premier	60
Professional Practice Sales	65
St. Francis	67, 68, 69
Sterling	69
Stratton Cheeseman & Walsh..	70
Strelchek	68
Three Rivers	63
US Air Force	67



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AUGUST 1995 VOLUME 94, NO. 8



26



37



46

COVER STORY

26 Surfing the Internet. If you haven't yet taken a ride on this new information technology, get ready for an incredible journey. More physicians are surfing the Internet than ever before, thanks to the recent launch of MSMSNET, the Michigan State Medical Society's new online service for physician members. If words like World Wide Web, E-mail, and Hypertext links send you into a state of confusion, then read on. This month's cover story discusses MSMS's launch into the information superhighway and training programs MSMS has in store for physician members. Also included is an examination of the Internet — past, present and future — by the president of Voyager Information Networks, Inc., a Michigan corporation specializing in Internet services for Michigan trade groups and other organizations, including MSMS.

FEATURES

12 Visits to Three POs Provide Valuable Information

By Thomas M. Wolff, JD

17 To Be or Not to Be an Employed Physician Physicians have more choices than they may think. *By Ralph D. Ward*

20 Changes in Risk Management on the Way An interview with R. Stephen Trosty, MHA, JD, MPMLC's new director of risk management.

22 Michigan Tax Changes: The Impact on You and Your Practice *By B. D. Copping*

37 Medical Mission to the Philippines and Thailand an ambitious project *By Jaime V. Aragones, MD*

41 1995 MSMS Annual Scientific Meeting Preview

46 Leader Profile: Ronald M. Davis, MD *By M. Susan Raef*

50 Traveling the Road to Success The inaugural address of MSMS Alliance President Jean Howard. Also included, a membership report by MSMS-A President-Elect Janet Gregory.

DEPARTMENTS

7 MSMS on the Move

56 Obituaries

10 Legal Briefs

59 Category I Courses

49 Board of Medicine Actions

64 Classifieds

52 MSMS Members on the Move

71 Advertising Index

55 New Members

72 President's Page

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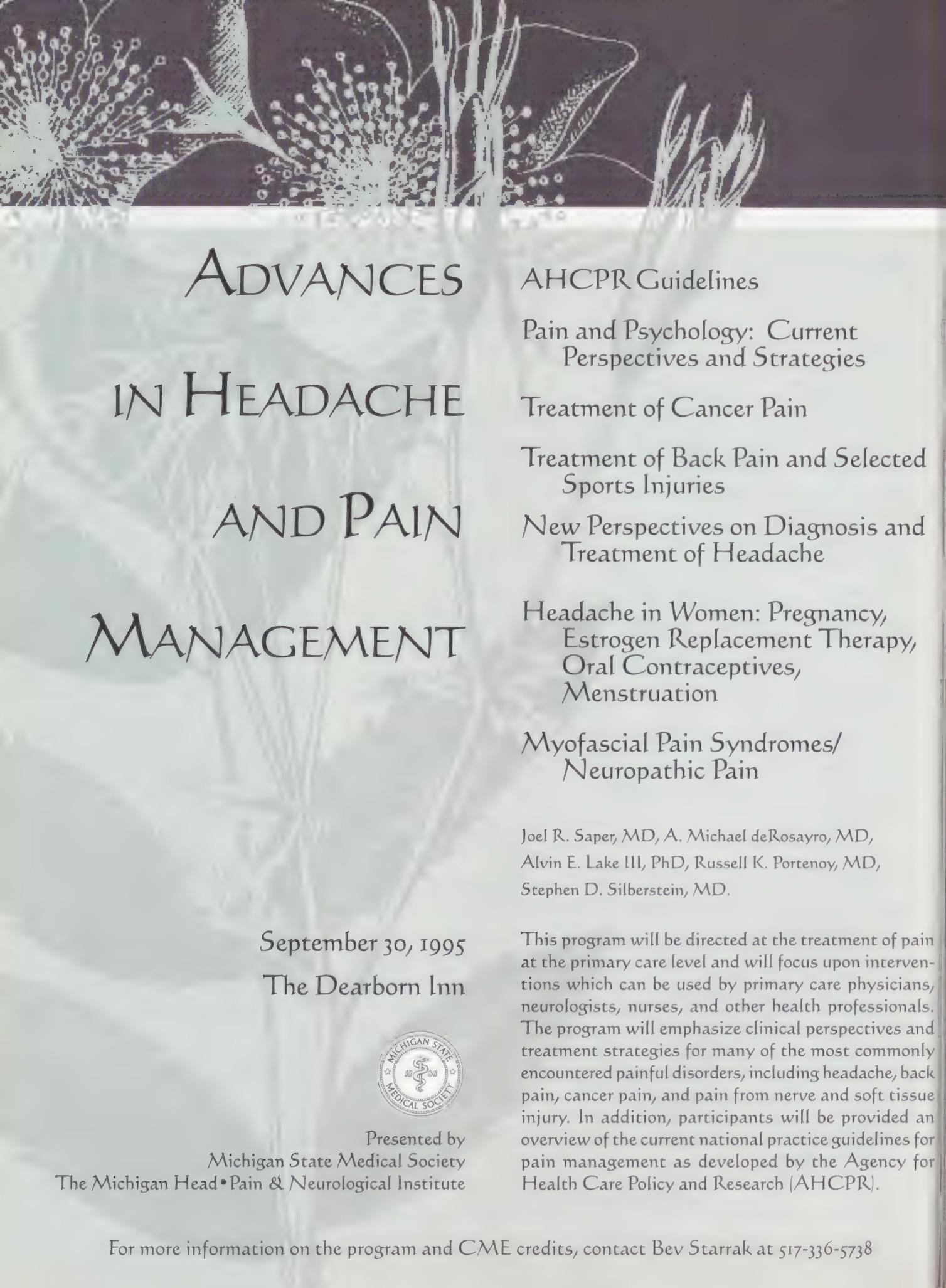
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September 30, 1995
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This program will be directed at the treatment of pain at the primary care level and will focus upon interventions which can be used by primary care physicians, neurologists, nurses, and other health professionals. The program will emphasize clinical perspectives and treatment strategies for many of the most commonly encountered painful disorders, including headache, back pain, cancer pain, and pain from nerve and soft tissue injury. In addition, participants will be provided an overview of the current national practice guidelines for pain management as developed by the Agency for Health Care Policy and Research (AHCPR).

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For more information on the program and CME credits, contact Bev Starrak at 517-336-5738

Preparing physicians for change



New PAC to boost high court candidates in 1996 elections

The state Supreme Court can provide "justice for Michigan's citizens" on medical liability reform, but only if the high court comprises members likely to uphold the current law protecting patients and doctors. A new political action committee, Justice for Michigan's Citizens, has been formed to support state Supreme Court candidates most likely to do that.

MSMS is actively involved in the PAC, spearheaded by the Michigan Chamber of Commerce. The PAC plans to research 1996 high court candidates and raise enough funds to support those who, based on past judicial decisions, seem most likely to support the medical liability reform law.

The group forms the political arm of the Alliance for Judicial Accountability, an information campaign started last year to educate doctors, business leaders and others on the importance of the state Supreme Court races. Watch for the September Michigan Medicine, which will contain a full report on activities of Justice for Michigan's Citizens. Also, call Donna LaGosh in the MSMS Department of Government Relations at 517-336-5788 for more information.

Voice your opinion on state's mental health code

MSMS is seeking psychiatrists and other doctors to testify at public hearings this month on proposed changes to the state's mental health code. Senate Bill 525, introduced by Sen. Joel Gougeon (R-Bay City) proposes the most extensive changes to the code since 1972.

The bill is pending in the Senate Families, Mental Health and Human Services Committee, chaired by Sen. Gougeon. MSMS influence help stave off a committee vote until psychiatrists and other doctors can provide their input. Each public hearing starts at 10 a.m. Coming up:

- Aug. 16/Saginaw Valley State University, University Center (near Bay City).
- Aug. 17/Visiting Nurses, 1401 Cedar St., NE, Grand Rapids.
- Aug. 21/University of Detroit-Mercy, Detroit.
- Aug. 30/Oakland County Commissioner's Chambers, Pontiac.

If you'd like to attend or to provide testimony, please call Christine Shearer, MSMS Department of Government Relations, 517-336-5737.

AMPAC conference, MSMS Capitol Checkup put you in touch with legislators

Hone your political skills at the AMPAC National Political Education Conference Sept. 27-28 at the Mayflower Hilton Hotel in Washington, D.C. and visit with the Michigan Congressional delegation. The event will help you fine-tune yourself for the 1996 MSMS Capitol Checkup in Lansing next May 22, when you can lunch with your state lawmakers, and hear legislative updates both from them and from Gov. Engler. Call Donna LaGosh at MSMS at 517-336-5788 for more details on both events.

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517-337-1351.



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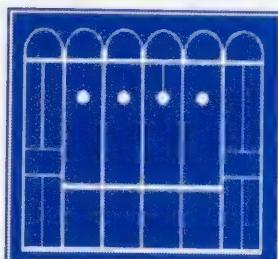
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Editor's Note: If you have a legal question you would like answered by MSMS legal counsel in this column, jot it down and send it to Betty McNerney, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950.

Physicians must provide auxiliary aids/services to assure effective communication with hearing impaired patients

By Steve McGraw and Tom Williams

In May, two of my partners, Stephen McGraw and Thomas Williams, tried a lawsuit in federal court which had been brought against a Detroit-area physician by a deaf patient. The suit alleged that the doctor had violated federal and state law by discriminating against the patient on the basis of her handicap and by refusing to provide her with a sign language interpreter. After four days of testimony, the jury unanimously concluded that the doctor had not discriminated against her patient. To our knowledge, this was the first lawsuit of its kind to be tried in Michigan and it has received national attention. The following summary has been prepared by McGraw and Williams.

By Richard D. Weber
MSMS Legal Counsel

Background

The defendant in the lawsuit is a family practice physician who had treated the plaintiff for six years. The patient had been hearing impaired since birth, but the physician had communicated with her by writing notes. The patient also wrote notes and could lip read as well. On at least two occasions, sign language interpreters had been used, but mainly to expedite the office visits. During the course of treatment, the patient lost all ability to hear and, as a result, had difficulty lip reading.

In December 1992, the patient was scheduled for a comprehensive physical with the doctor. In order to shorten the office visit, the physician requested that an interpreter be present during the visit. The examination, with the interpreter present, took place and the physician was subsequently billed \$28 for the cost of the interpreter. The physician paid the bill but sent a letter to the interpreter which the doctor later described as a "protest." The physician stated in her letter that she wanted to explain why she would not ask for the services of an interpreter in the future. She said she had received \$13.94 for the office visit after paying her overhead expenses "until I paid your bill for \$28." The physician went on to state, "I certainly hope the Federal Government does not further slash this outrageous profit margin." She sent a copy of the letter to the patient. Interpreting the letter to mean that the doctor no longer wished to treat her and would refuse to provide an interpreter for future visits, the patient immediately requested her medical records from the doctor. Within a month, a lawsuit was filed in federal court against the physician alleging violation of the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and the Michigan Handicappers' Civil Rights Act.

Legal framework

The plaintiff's suit was based upon violation of two federal statutes and a state statute prohibiting discrimination against persons with handicaps. The ADA which became effective in January 1992 requires places of public accommodation, which include physicians' offices, to provide auxiliary aids and services to ensure that no individual with a disability

is excluded or denied services because of the absence of such aids and services. A physician's office is only excused from the obligation of providing an auxiliary aid or service if the physician can establish that to do so would impose an undue burden. Establishing an undue burden is difficult because the doctor must prove severe financial hardship.

The Justice Department, which enforces the provisions of the ADA, has stated in its regulations that the requirement to provide auxiliary aids is a flexible one and a public accommodation can choose among a variety of alternatives for hearing impaired persons as long as the result is effective communication. Among the auxiliary aids and services listed in the regulations are qualified interpreters, but there are several other examples given. Some situations may call for use of an interpreter, but other means of communication are acceptable, such as the use of notes, as long as the end result is effective communication. *If a situation does call for an interpreter, a physician is required to pay for the interpreter services under the ADA. Even if the interpreter's charges exceed the physician's fee for treating the patient, this alone is not considered an undue burden to the physician.*

The plaintiff also sued under the Rehabilitation Act of 1973. This federal statute prohibits discrimination against persons with handicaps by entities receiving federal funds. There was no dispute in the case that the physician received federal funds in the form of Medicare payments. Unlike the ADA, the Rehabilitation Act does not impose an affirmative obligation to provide an interpreter. The plaintiff's theory under this statute was that the physician had discriminatorily excluded the plaintiff from her practice based upon her letter to the interpreter.

The Michigan Handicappers' Civil Rights Act, like the federal statutes, also prohibits discrimination by physicians against handicapped individuals who utilize their facilities and services.

Course of the lawsuit

The lawsuit was pending for two years. Prior to trial, extensive discovery was conducted. The defense of the physician centered on the fact that the plaintiff was educated and could read and write English and that the doctor and patient had communicated well over the years by passing written notes. The defense asserted that even though the plaintiff's hearing impairment worsened as she grew older, she could still read and write.

The physician testified that written communication with the plaintiff had been effective. She ad-

mitted that she had written a "clumsy" letter of protest to the interpreter, but nonetheless had intended it as a protest against the ADA and the government's intrusion into her medical practice. She further testified that she hadn't intended to discharge the patient from her practice and, had she wanted to discharge her, she would have followed an office protocol for discharging patients.

At trial, plaintiff argued that because of the complexity of the matters she had to discuss with the physician, effective communication could not take place without the aid of a sign language interpreter. To counter this, the physician argued that her records, as well as the records of both prior and subsequent medical treaters, proved that communication with the plaintiff had been effective without the use of an interpreter. In addition to a prior treating physician, two nurses testified that they also had been able to communicate effectively with the plaintiff without an interpreter.

After deliberating for approximately one hour, the jury returned a unanimous verdict in favor of the physician.

Practical tips for physicians

- All physicians are subject to federal and state laws prohibiting discrimination against handicapped individuals including hearing impaired persons.
- All physicians are required by the ADA to provide auxiliary aids and services to assure effective communication with their hearing impaired patients.
- The decision of how to effectively communicate is ultimately to be made by the physician in consultation with the patient.
- When an interpreter is required, the physician is required to pay for the interpreter and may not raise fees charged to the patient to cover this service.
- If a decision is made not to use a sign language interpreter, it would be prudent to document reasons for this decision, to keep copies of any notes which may have been passed between physician and patient, and to chart the manner in which communication occurred. Although detailed charting is always a good practice, it is particularly important when treating a hearing impaired patient because the office chart is the best evidence that the patient and physician communicated effectively.

Steve McGraw and Tom Williams are partners with the firm of Kerr, Russell & Weber, Detroit.

Visits to three POs provide valuable information

By Thomas M. Wolff, JD

Last spring, MSMS visited three physician organizations around the country as part of a case study of physician organizations being conducted by MSMS, the AMA and the Indiana State Medical Association. The three POs were: East Metropolitan Health Organization (EMHO), St. Paul, Minn.; Lakeside Medical Group Inc., Glendale, Calif.; and Health Source Management Group Inc., Los Angeles, Calif. Following is a brief description of each PO followed by a list of key findings.

East Metropolitan Health Organization St. Paul, Minn.

EMHO began in 1983 as an independent practice association of about 40 primary care physicians (PCPs). The EMHO now consists of 45 primary care physicians, all of whom are in two group practices, though in several locations throughout St. Paul, and 150 specialists who are in solo practice or small groups. EMHO has contracts for 35,000 managed care patients. The health care market in the Twin Cities is highly competitive, with health care costs about 20 percent lower than the national average. The Twin Cities market is dominated by three major health plans: Blue Cross Blue Shield, Aetna and Health Partners. Approximately 30 percent of the market is capitation; the rest is either discounted fee-for-service or withhold arrangements.

Key findings

- **In a competitive market, it is critical that a PO provide cost-effective care.** To align incentives for providing cost-effective care, EMHO capitates both its PCPs and specialists. In addition to aligning the incentives for all physicians, EMHO pays hospitals on a capitated basis. The PO and the hospital then share any risk pool savings.
- **Business coalitions can be a major driving force for change in the health care market.** In the Twin Cities, the 23 largest employers, all of which are self-insured, formed the Business Health Care Action Group (BHCAG) in 1992. The BHCAG, which covers about 250,000 employees, retirees and dependents, has a contract with a health plan whose premiums are actually slightly higher than one of its competitors. The coalition was impressed by the plan's commitment to quality and accountability. Now, however, indications are that the BHCAG is concerned that, with only three major health plans, the Twin Cities market may have become too consolidated. As a result, the BHCAG may be interested in direct contracting with physician groups after its current contract expires in 1996. Opportunities for direct contracting between POs and employers are likely to proliferate in the future. As a result, POs should develop a good relationship with local employers and business coalitions. POs need to be sensitive and responsive to coalitions' interest in greater efficiency, higher quality and increased accountability.
- **To have a successful PO, physicians need to be committed both intellectually and emotionally to the organization.** Critical to ensuring such physician commitment is the development of a strong business plan that sets forth a common vision, goals and strategies for the organization. Once the physicians are intellectually and emotionally

committed to the PO, a strong financial commitment will likely follow.

- **Trust is a critical ingredient for a successful PO.** Thus, in establishing a PO, physicians should include colleagues whom they know and respect. It is generally preferable for a PO to begin with a relatively small group of highly-committed physicians who have established relationships than with a larger group which is less committed and cohesive.
- **Effective communication among PO member physicians is essential.** Of particular importance is that primary care physicians need to understand and address the legitimate concerns of specialists and vice versa.

• **Hiring capable staff is a key PO success factor.** EMHO has a full-time physician CEO who previously had been a member of the group. The PO also has nine additional staff who perform various functions, including utilization management, quality assurance, finance, claims processing and management information systems operations.

• **A PO needs a broad geographic distribution of primary care physicians** throughout the market area in order to be attractive to employers.

• **It is probably prudent for a PO to compensate its physician leaders so they can dedicate more time to the PO's activities.** EMHO subsidizes its president and medical director about 1/2 to one day per week. These physicians are engaged in clinical practice the other four to four and a half days each week. In addition, EMHO board members are paid \$150 per meeting.

• **All EMHO out-of-network referrals are subject to approval by the PO's medical director.** However, referrals within the network are not subject to prior approval because specialists are capitated and there is no adverse financial consequences to the PO for such referrals.

• **EMHO has developed practice parameters and disseminated them to its members** in order to educate them concerning appropriate treatment and when and when not to refer to specialists. EMHO carefully monitors compliance with the parameters, though it does allow physicians to deviate from the guidelines for clinically valid reasons.

• While EMHO began as a primary care physicians-only organization, their physicians believe **specialists should be part of the PO from the beginning** in order to minimize PCP/specialists conflict.

• **EMHO considers interpersonal, as well as technical skills,** in making staff hiring decisions and in choosing physicians to participate in the organization.

Lakeside Medical Group Inc.

Glendale, Calif.

Lakeside is an independent practice association formed in 1986 by a group of five physicians who believe that the fee-for-service system will become obsolete. Lakeside has approximately 40,000 covered lives through its HMO contracts. All of these contracts utilize a primary care case manager (gatekeeper). Lakeside is a primary care-driven organization, with eight of the 11 board members being primary care physicians (primary care physicians). Lakeside includes 125 primary care physicians and 600 specialists, though the number of specialists in the network will likely shrink in the future. Most Lakeside physicians are still in solo practice. Lakeside pays its primary care physicians 10 percent more if they agree not to join another physician group. It contracts with more than one hospital in each of its four service areas. Lakeside has established a management company that provides credentialing, utilization management, quality assurance, information systems, marketing and other services for its physicians. The management company has 60 employees. In addition, Lakeside has created a fully-integrated medical group of nine physicians, including seven primary care physicians.

Key findings

- **In L.A., the term "managed care" is synonymous with capitation.** Approximately 90 percent of employees with health coverage are in a managed care (i.e., HMO) plan. Considerable fee-for-service remains in L.A., however, particularly in wealthy areas and among the Medicare population. Nevertheless, it appears likely that this market will shrink significantly in the future as more Medicare beneficiaries choose HMO coverage.

- **The LA health care market is being driven by employers and business coalitions** that are aggressively demanding price decreases. In 1995, employers have succeeded in obtaining decreases in their health insurance premiums averaging 5 percent - 8 percent, with some decreases as high as 15 percent - 18 percent. HMOs are also giving employers multi-year rate guarantees. Because of the fierce competition among physician groups, these groups are bearing the brunt of the cost reductions, even though HMOs are making tremendous profits.

- **The California market is consolidating rapidly with many HMOs merging.** Physician groups also are consolidating in order to increase their market power.

Continued on next page

- **Major insurance companies**, including Prudential, Aetna and Blue Cross, are beginning to directly provide health care services by purchasing physician practices.
- **Lakeside receives capitated payments for all physician services.** Some of this amount is withheld in a risk pool which is distributed if certain agreed upon utilization targets are met.
- **Lakeside physicians believe that capitation will spread throughout the country over the next several years** because it is much less costly, particularly in terms of utilizing fewer inpatient hospital bed days. They also believe that the transition to capitation will occur more quickly in other markets than it has in California.
- **The Lakeside physicians voiced strong support for managed care**, although they expressed concern that in the competition to be the lowest cost, quality provider, an increase in adverse quality events could occur.
- **In the L.A. area, physician groups generally provide quality assurance and utilization review services, as well as credentialing.** The major functions performed by HMOs are marketing and actuarial services.
- **Lakeside physicians believe strongly in the physician equity model** because they feel that physicians perform better if they have a financial stake and a role of influence in the organization.
- **In deciding whether to partner with a hospital, HMO or management services organization, physicians should carefully assess whether the potential partner shares their philosophy.** Physicians should also be aware that a viable alternative strategy may be to establish their own management company, as Lakeside did.

A report of the entire PO case study project will be available by the fall of 1995. If you have any questions concerning this article or are interested in developing a physician organization, call Tom Wolff at MSMS at (517) 336-5740. In addition, a conference that features the key leaders of the POs that participated in the study will be held on September 15 - 16, 1995, at the Ritz Carlton Hotel in Dearborn. If you would like additional information regarding the conference, please contact Shannon Stockwell at MSMS at (517) 336-7594.

closely with the patient's PCP. This arrangement has proven to be beneficial because patients are discharged sooner and, according to Lakeside's patient satisfaction surveys, 80 percent of patients are satisfied with this arrangement. In addition, primary care physicians are pleased because they can see more patients in their office.

- **Lakeside has an aggressive utilization management system** under which approximately 4,500 authorizations for services are reviewed each month. All services are initially reviewed by nurses; however, referrals for surgery or complex services are subject to approval by the medical director.
- **Lakeside has developed a quality assurance program.** Currently, the group tracks hospital readmission rates within 30 days and is looking to develop more sophisticated outcome measurements. A key focus is on establishing pre-referral guidelines (i.e., what protocol a PCP should follow before referring a patient to a specialist). Primary care physicians and specialists are working together to develop these guidelines.
- **Lakeside has a formal physician evaluation program.** Each month, report cards are provided to physicians. These report cards are based on patient satisfaction surveys, reviews of physician medical records, complaints and grievances from patients, attendance at utilization review meetings, patient waiting time and office hour availability. Cost considerations are also evaluated. Lakeside distributes bonus monies based on these evaluations.
- **According to Lakeside physicians, among the key success factors for a PO are:**
 - Being primary care driven
 - Having trusted and respected physician leaders who understand the need to be proactive, rather than reactive regarding managed care
 - Developing a sophisticated, managed care-wise management information system
 - Having experienced management
 - Providing quality, low cost medical care
- **Physician hospital organizations are currently not major players in the Los Angeles market.** Lakeside leaders questioned whether physicians should partner with a hospital since many hospitals may not survive the convulsive changes that occur when a market becomes heavily capitated. If physicians believe a particular hospital will survive the economic dislocations of capitation, the hospital may be a good partner if the physicians and administration trust each other and share the same strategic vision.

Health Source Management Group Inc.

Los Angeles, Calif.

Health Source is an independent practice association that was organized in 1985 to take care of the employees of Cedars Sinai Hospital. It includes over 400 physicians practicing in the Los Angeles area. About two thirds of the Health Source physicians are specialists. Health Source currently has approximately 70,000 managed care lives. Health Source has established a management company that provides claims, billing, quality assurance, utilization management, and other functions necessary to operate the IPA. The management company has approximately 60 employees. Health Source has inpatient hospital days per 1,000 patients of 180 for its commercial patients and 1,800 for its Medicare patients. The Health Source Board of Directors has nine members, five primary care physicians and four specialists.

Key findings

- **In the LA market, HMOs pass on virtually all risk to physician groups and hospitals.** The only risk they assume is for out of area services and pharmacy costs.
- Physicians need to create large physician organizations to be competitive with the HMOs, insurance companies and hospitals.
- **Physicians need to become organized so they are prepared when managed care arrives in their market.** Physicians should meet with employers and business coalitions proactively and attempt to address their legitimate concerns with health care delivery. Physicians should also ensure that they obtain a guaranteed percentage of the premium dollar if they contract through an HMO.
- **Physician groups need to raise approximately \$500,000 to organize and initially operate a PO.** Physicians absolutely need their own independent consultants and attorneys and should never rely on a hospital's consultants and attorneys. Among the other initial sources of expense are an executive officer, a medical director, nurse reviewers, support staff and an office.
- **Health Source physicians believe that it may be more beneficial for POs to develop a partnership with an HMO or insurance company than with a**

hospital because these entities do not have the large, fixed overhead that hospitals typically are burdened with. They also emphasized the fact that payors are the physicians' customers.

- **Health Source physicians believe that when the L.A. market eventually shakes out, there will likely be only four to six major provider groups and about five major payors.**
- **Managed care (capitation) is inevitable because it results in much lower health care costs,** particularly by dramatically reducing the amount of inpatient services utilized.
- **Managed care is an information-driven business.** A PO in a capitated market may need to invest several million dollars in a sophisticated information system.
- **Managed care also is a capital-intensive business.** There are three ways for physicians to raise capital:
 - Raise it from the members of the PO
 - Borrow it
 - Partner with an entity with similar strategic goals
- **Among the key success factors for a PO are:**
 - Adequate capitalization
 - Managing the PO as a business
 - Developing a sophisticated management information system
 - Physician exclusivity - Physicians need to be truly committed to the success of the PO.
 - Having management and physician leaders who understand managed care and their market
 - Being primary care driven
- **Physicians can create their own management organization** to provide the quality assurance and utilization management mechanisms, credentialing, marketing, claims administration, billing, practice management, contract administration and other functions necessary to run a PO in a managed care environment. If a PO creates its own management organization, it may be valuable to have non-physicians with business expertise on the board of the management organization. ■

Thomas M. Wolff, JD, is chief of PO/PHO Development for MSMS.



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To Be or Not to Be an Employed Physician

Physicians have more choices than they may think

By Ralph Ward



Physicians may feel that they have limited options for dealing with the convulsive changes that are occurring in the health care system. On the one hand, several discounted fee-for-service payments and the administrative hassles of managing a practice have made conventional practice arrangements more and more burdensome. On the other hand, many employed physicians find themselves forced to give up too much autonomy. There are other alternatives, however, including involvement in a physician organization (PO).

Examine your specialty and lifestyle needs

Physicians seeking to change their practice arrangements should first examine their specialty and lifestyle needs. "I think it varies," observes Marguerite Shearer, MD, medical director of CareChoices Health Plan in Ann Arbor. "If you are in primary care or specialty medicine, the options are different." Primary care physicians who are comfortable dealing with the practice management aspects of medicine will "do much better remaining independent if they can build a group of pri-

Bay City psychiatrist finds employment "a negative experience"

The tough, independent freelancer has been a fixture of American history since frontier days. From the mountain men and trailblazers, down to Rambo in the 1980s, striking out on your own has been viewed as the national ideal. In medical practice, this autonomy has also been the rule for most of history. Although recent pressures have made group practice the rule, physicians still tend to operate with much of their traditional independence.

However, with such burdens as paperwork, third-party payer demands, and liability issues growing, independent practice becomes ever more vulnerable. Many physicians are finding that a physician organization (PO) can combine the benefits of independence with the strength of numbers. Still others are choosing to drop out of the "lone ranger" paradigm altogether and become employed physicians. According to the American Medical Association, approximately

35 percent of US physicians were employed by third parties in 1994, primarily hospitals. The "work week" for employed physicians also compares well with most other practice arrangements, averaging 56 hours per week, compared with 59 to 62 hours weekly for most self-employed setups.

Certainly there are other temptations to "sell your practice." Less administrative pressure, improved support, added stability and a source of ready capital make sta-

mary care practitioners into a PO," she observes. Doctor Shearer, who has studied the various practice options carefully, notes that primary care POs "down the pike will be key players. Probably POs of primary care providers will be sought after, and certainly any PO will need a strong primary care component to be viable."

Specialty practitioners face different choices, but they too have more options than they may think. "They could sell their practice, but another option is to group together with other physicians they respect and trust, and start pulling together," Doctor Shearer says.

PO often a good choice

Physician organizations allow physicians to take the lead in responding to managed or capitated care arrangements offered by third party payers and self-insured employers. Laurence Wellikson, MD, a primary care physician in California and a noted consultant on managed care options, sees many physicians selling the managed care option short. "If you have an organized office system and a good mix of

patients, most physicians will do better with capitated care than with fee for service" he believes. Doctor Wellikson has found that too many physicians view managed care only through its limitations. "Managed care is the opportunity to provide the best, most appropriate care," he says. "There is a perception that managed care limits the physician, while fee-for-service costs too much, but the reality is somewhere in between. If I stick with the basics for a patient who doesn't require extensive tests, the current payment system doesn't reward me for that. But capitation does."

Doctor Wellikson also sees "POs as a key" to physician success in managed care. "It's important to have a focus for the PO, and to develop the right information systems." Doctor Wellikson, who speaks nationally on physician managed care issues, sees health care trends supporting physicians who pool their resources through POs. "If physicians get organized, they can link up with the hospitals, and even market directly to employers and patients," he says. "Patients will still want to know who their physician will be."

tus as a salaried physician seem like a dream job to many. But lessening risk can also mean lessening independence, as one state physician found out the hard way.

Carol van der Harst, MD, is an East Michigan physical medicine and rehab specialist. Several years ago she entered into an agreement with "a major area hospital" to start up a rehab unit for the hospital. "They thought it would be a profitable field to enter," she recalls. When she joined the hospital in 1992 as their first salaried physician she was promised control over the

new unit, and adequate coverage when she was not available. She soon found out that promises are easily broken. "On the whole, it was a negative experience," says Doctor van der Harst. "They made no accommodation for cross coverage. That meant that when I took time off for CME, I had to leave patients in the care of someone who was not in my specialty."

It became apparent to Doctor van der Harst that the hospital was interested in making money from the new unit, but was unwilling to invest in making the unit fully self-sustaining. "They needed

more than just a salaried physician. To create the full breadth of a specialty area, you need a commitment at every level."

The result was a rehab unit that essentially placed all the burdens on one physician. "The administration wanted me to help recruit further physicians, but I felt they had been very untruthful in my own contract." At the end of her initial contract period, Doctor van der Harst sought to end her salaried status, but the hospital administration wouldn't budge, so her formal relationship ended in August of 1994. "I refused to stay on salary, but when I offered just

Doctor Wellikson finds this added clout is beneficial in both a business and clinical sense. "A PO puts physicians closer to the health care dollars, where the decisions are made," he says. "Insurers define good care solely as the best care with the least amount of lawsuits. Doctors will be better able to serve the community." Doctor Wellikson sees some physicians avoiding capitated care plans for fear of lost autonomy, but he counsels that "physicians have already lost much of their autonomy. Even the doctor in solo practice is really an employee of health care systems without realizing it." He urges physicians to take the lead on building group clout for their own benefit. "If I'm going to be exploited, at least let me pick my own partners."

Employment option ideal for some

Yet despite the options available through POs, some physicians will continue to enter employment situations, and many will find the relationship fruitful. An employed physician status may be right for some physicians, says Ed Hirschfeld, vice president of health law with the AMA. "Given

the sense of insecurity many physicians face today, the chance to sell their practice to a hospital may seem very attractive," he suggests. Hirschfeld says that employed status can be mutually beneficial if physicians get satisfactory answers to three key questions before signing on the dotted line.

First, are the terms offered "a good reflection of the physician's value?" Too many physicians have a poor idea of their true value to the hospital or other purchaser, and tend to underbid themselves. Second, ask "how financially sound is the hospital?" The rapid consolidation of health care providers in recent years could leave the employed physician among America's many victims of corporate restructuring. Finally, ask what happens at the end of the initial contract term. Whether or not you are happy with your employer, your employer must be happy with you.

"Buying your practice is an investment by the purchaser," notes Hirschfeld. "And that purchaser must see a good return on that investment." Sound answers to these questions can make the employed physician role a good choice, but Hirschfeld counsels, "first, have all the info."

to contract my services, one administrator said, 'I don't need you on contract...I can recruit three people to replace you.'

The hospital continues to operate the unit, but without a specialist in charge. "They're trying to say to those who need rehab, 'we can still do it,' even if they don't have a trained specialist. So now they have the therapists running the program." Back in private practice in the community, she suspects that the hospital tries to keep her from having contact with potential patients.

Though Doctor van der Harst has lost her enthusiasm for the

employed physician option ("I'd never look at a salaried physician situation again," she notes), she still believes there are occasions when the arrangement is practical. "I still think there is a place for it. Typically, the young or transient physician can fill this service without the need of startup expenses." She offers advice for the physician exploring an employment situation. "First, assess the medical community. Investigate how they feel about the employer. Will they facilitate you being part of it, or will they ostracize you?" Doctor van der Harst discovered that the community she chose for

her rehab clinic "is exclusively a private practice town. The other physicians were suspicious of anyone on salary, and suspicious of my intent. But after I started speaking out on quality care, even taking some stands against the hospital, they became supportive."

Doctor van der Harst also counsels starting out with a very short initial contract period. "Within two years, the attitudes of the administration significantly changed."

Ralph Ward is a Riverdale-based freelance writer.

CHANGES IN RISK MANAGEMENT ON THE WAR



*An interview with
R. Stephen Trosty, MHA, JD
MPMLC's new director
of risk management*

R. Stephen Trosty, MHA, JD, was recently named director of Risk Management at Michigan Physicians Mutual Liability Company. He is a past president and founding member of the American Society for Healthcare Risk Management (ASHRM) and a recipient of ASHRM's Distinguished Service Award. He also serves on the American Hospital Association Task Force on Tort Reform and Risk Management Legislation and the American College of Emergency Physicians Risk Management Task Force.

Q: In the past, risk management has focused on the physician. Do you see that focus changing? Where is the field of health care risk management headed?

A: Risk management from the health care perspective needs to be expanded in its definition and scope. You're right that risk management has focused primarily on medical liability. It needs to be looked at more broadly as dealing with issues that can present potential for significant loss to an institution or insured. "Loss" relates to three key areas: people, equipment and structures, and finances.

In these terms, losses relating to people not only include medical liability losses but also work-related losses and workers' compensation issues. Injuries and accidents result in decreased efficiency and increased costs. Also, environmental health and safety issues — including compliance with CDC and OSHA guidelines, TB precautions, and toxic waste disposal — have to be considered when you talk about risk management. All of these areas encompass liability.

The key role of risk management is to work with customers to help preserve their assets.

Q: How is risk management related to the utilization and quality management programs in hospitals and clinics?

A: They're closely related. We're becoming more involved in quality management and utilization management issues at the clinic and hospital level. Part of this is recognizing that quality management/utilization management (QM/UM) goes hand-in-hand with effective risk management. For example, with effective utilization management,

resources are used more appropriately and there is less potential risk resulting from overprescribing or providing inappropriate care.

Regarding quality management, I hope MPMLC can be a resource to better position physicians and hospitals for participation in managed care programs. We can do this by helping physicians collect and organize outcome-related data and information so they can sell their services on both a quality and cost basis. As we move toward more capitation, this will become necessary.

Q: One can no longer read or talk about health care without hearing the terms "managed care" and "capitation." How will managed care influence medical liability and the practice of risk management?

A: It already has had a great deal of influence. Although there's still uncertainty as to whether total liability will go up or down as managed care proliferates, it's clear that new areas of liability are emerging. Here are four quick examples. First, the issue of sharing patient-related information on networks raises confidentiality issues. Appropriate safeguards have to be developed. Second, it's up to the managed care organizations to maintain credentialing standards, licensing information, and facilities privileges information for physicians, nurses, and allied health practitioners. Those standards could become targets for lawsuits. Third, prior approvals for treatment could become another area of increased liability. What is the responsibility or obligation of a physician to question or challenge the system? This indicates a need for an appropriate appeals mechanism. Fourth, the question of whether "affiliation agreements" with physicians are indeed contracts could stir up many new issues.

Q: On the clinical side, where will the risk management emphasis be in the future?

A: In outcomes measurement. Some of the basis for outcomes measurement is in clinical guidelines and practice parameters. This is not necessarily "cook book" medicine. It simply means that for some treatment modalities there are certain stages of treatment that should be ruled in or out. These are tools that can be effective for risk management, but ultimately professional judgment must be used. Guidelines developed by medical professionals can be helpful in showing that the appropriate care was given. Guidelines shouldn't be viewed as dictating

a treatment method. If a physician decides on a treatment that doesn't follow the guidelines recommended, then the thought process for the chosen course of treatment must be clearly documented in the medical record. The professional judgment and training of the physician should be evident in the document.

Q: Recently your company began offering premium credits to physicians who properly use computerized medical record and patient information systems. From a risk management standpoint, will computerization reduce liability?

A: We think so. Many liability problems can be avoided with clear and complete documentation. A good computerized medical record system encourages a physician to document completely, it eliminates the sloppiness of handwriting, and it offers instant access to the complete chart. We spent a lot of time developing criteria for medical record and patient information software. We developed eight criteria for software on our approved list. It must be able to do these things: document history, physical, and medical information; document and generate clinical progress notes; maintain patient allergy status; document current medications and prescriptions; document procedures, tests, and results of tests; and document patient no-shows and cancellations. It must also have a mechanism to protect the confidentiality of patient records, and the patient information system component must generate pertinent educational materials.

Q: Obviously, you believe in taking advantage of technology to reduce liability and improve risk management. What other types of technology are on the horizon that could help physicians reduce liability?

A: Three things come to mind. Telemedicine will be more widely used. This is electronic transmission — by TV or computer screen — for treatment enhancement and consultation. This will allow for consults and second opinions from experts in other locations, especially benefitting rural and small communities. The second is laser surgery. More sophisticated equipment should enhance quality, reduce surgical risks, and reduce the cost for many procedures. Third, computerized pulmonary function testing for ventilator-supported patients may reduce the complications, infections, and costs associated with mechanical ventilators. ■

Michigan Tax Changes: The Impact On You and Your Practice

By B.D. Copping

Governor Engler and the Legislature have been very active over the last year enacting numerous tax changes that have affected both your individual and your practice's "bottom lines." This article will summarize these changes both for your Michigan personal income tax and for the Single Business Tax (SBT). The SBT changes are illustrated later in the article by comparing the SBT liability with and without the impact of the new laws, as they would impact typical solo practitioners; a two-person practice; and a physicians group practice.

The tax changes began last Spring with the passage of Proposal A. Proposal A resulted in the following changes that impacted both individuals and business (all provisions were effective 5/1/94 — except where noted), as follows:

- The sales and use tax rate was increased from 4 percent to 6 percent;
- The personal income tax rate was reduced from 4.6 percent to 4.4 percent;
- School millage on homestead property was reduced to 6 mills and to 24 mills for business property in most school districts;
- Future assessment increases were capped at the lesser of 5 percent or the rate of inflation;
- A state real estate transfer tax of .75 percent was enacted to be effective 1/1/95;
- Interstate phone calls were subjected to the new 6 percent sales tax, 1-800 numbers and WATS lines were exempted; and
- A 75 cent a pack cigarette tax was enacted.

In the Fall of 1994 the Legislature passed the following changes, to be effective October 1, 1994:

- The SBT rate was reduced by .05 percent from 2.35 percent to 2.3 percent.
- The minimum threshold for having to file an SBT return was increased from \$100,000 in gross receipts in 1993 to \$137,500 in 1994 and \$250,000 in 1995.
- The small business alternatives profits tax rate was reduce from 3 percent to 2 percent.

In March of 1995 the Michigan House and Senate passed most of Governor Engler's tax cut plan and the Governor signed the bills into law. The tax cut plan was necessary in order to deal with the surplus in state revenues related to the "Headlee Cap" on such revenues. The "Cap" requires that any state revenues in excess of a fixed percentage of Michigan residents' personal income must be refunded to the residents and businesses in the state.

Last year's massive shift in school property tax revenues from local school districts to the State, brought about by the adoption of Proposal A, is the cause of the surplus problem. Since there was no mechanism in place to refund the surplus, the Governor took action to introduce tax reduction legislation and thereby avoid the creation of a surplus.

The impact to these changes on Michigan individuals is summarized, as follows:

Increase in Personal Exemptions:

The personal exemption will be increased in 1995 and 1996 to \$2,400 from \$2,100 and to \$2,500 in 1997 and thereafter. An additional increase of \$50, for each anticipated \$16 million in surplus state revenues, based on the May 1995 Consensus Revenue Estimate, with a maximum increase of \$250, will be added to the personal exemption for the 1995, 1996 and 1997 tax years.

Tuition Credits:

Persons paying tuition to either public or private qualified colleges and universities, those institutions who do not raise their tuition faster than the rate of inflation, will be entitled to a credit of 4 percent of tuition paid by or on behalf of the claimant of up to \$250 a year for a maximum of four years per student. This credit is available for residents with a household income that does not exceed \$200,000.

Phase-Out of the Intangibles Tax:

The Michigan Intangibles Tax is to be phased-out over the next several years with final repeal becom-

ing effective in 1998. Unfortunately, while the bills make these changes effective for the tax year 1994, the changes were not given immediate effect by the Legislature, so they will not become effective until 90 days after the end of the legislative session, possibly as late as March 1996.

The Department of Treasury has, however, announced its intention to automatically refund 1994 Intangible Taxes based on the new law, as soon as it becomes effective. This means amended returns reflecting the changes in the law for the 1994 Intangibles Tax returns will not have to be filed. The changes to the Intangibles Tax are summarized below.

- Increase the personal deduction for Intangibles Tax from \$175 to \$280 for single filers and from \$350 to \$560 for joint filers for tax years 1994 through 1997;
- As a result of the increase in the personal deduction, the filing threshold will increase from \$5,000 to \$8,000 in intangible income for single filers and from \$10,000 to \$16,000 in intangible income for joint filers for tax years 1994 through 1997;

Impact of SBT Changes on Michigan Medical Practices

Based on Pre - 1994 Tax Laws

	Solo Practitioner #1	Solo Practitioner #2	Two-Person Group Practice	Physician Group Practice
1 Number of Doctors	One	One	Two	Ten
2 Number of Employees	Two	Three	Five	Twenty-Six
3 Gross Receipts	\$225,000	300,000	600,000	4,000,000
4 Federal Taxable Income	20,000	30,000	50,000	250,000
5 Compensation & Benefits*	132,000	175,000	425,000	2,250,000
6 Tax Depreciation	12,000	12,000	24,000	150,000
7 Interest Expense	10,000	6,000	9,000	25,000
8 SBT Tax Base	174,000	223,000	508,000	2,675,000
9 Capital Acquisitions	-2,000	-4,000	-6,000	-30,000
10 Statutory Exemption	-45,000	-45,000	-45,000	-45,000
11 Adj. Tax Base (8 minus 9 & 10)	127,000	174,000	457,000	2,600,000
12 Compensation Reduction**	-16,300	-26,900	-94,900	-548,900
13 Taxable Base (11 minus 12)	110,700	147,100	362,100	2,051,100
14 50 percent of Gross Receipts (line 3)	112,500	150,000	300,000	2,000,000
15 SBT Tax Rate	.0235	.0235	.0235	.0235
16 SBT Tax Due (15 x Lessor of 13 or 14)	2,601	3,457	7,050	47,000

* Includes physicians compensation and benefits.

** Compensation reduction (Line 5 divided by Line 8) minus 63 percent (maximum of 37 percent) times line 11.

Continued on next page

Continued from previous page

- A credit for taxes owed of 25 percent will also become effective for tax years 1994 and 1995, 50 percent for 1996, and 75 percent for 1997; and
- The Intangibles Tax will be repealed effective January 1, 1998.

The impact on Michigan businesses for SBT purposes is that effective for tax years beginning after December 31, 1994, compensation added-back for Single Business Tax purposes will not include:

- The employer's portion of payments under the federal insurance contribution act (FICA), the railroad retirement tax act, and similar social insurance programs.
- Payments to state and federal unemployment compensation funds.
- Payments for worker's compensation insurance or federal employers liability act insurance. ■

Based on 1995 Tax Laws

	Solo Practitioner #1	Solo Practitioner #2	Two-Person Group Practice	Physician Group Practice
1 Number of Doctors	One	One	Two	Ten
2 Number of Employees	Two	Three	Five	Twenty-Six
3 Gross Receipts	\$225,000	300,000	600,000	4,000,000
4 Federal Taxable Income	Gross Income Less than \$250,000	30,000	50,000	250,000
5 Compensation & Benefits		163,100	402,100	2,136,900
6 Tax Depreciation		12,000	24,000	150,000
7 Interest Expense		6,000	9,000	25,000
8 SBT Tax Base		211,100	485,100	2,561,900
9 Capital Acquisitions		-4,000	-6,000	-30,000
10 Statutory Exemption	-45,000	-45,000	-45,000	-45,000
11 Adj. Tax Base (8 minus 9 & 10)		162,100	434,100	2,486,900
12 Compensation Reduction		-23,100	-86,300	-507,600
13 Taxable Base (11 minus 12)		139,000	347,800	1,979,300
14 50 percent of Gross Receipts (line 3)		150,000	300,000	2,000,000
15 SBT Tax Rate	.023	.023	.023	.023
16 SBT Tax Due (15 x Lessor of 13 or 14)	0	3,197	6,900	45,524

Net Impact of Single Business Tax Changes

	Sole Practitioner #1	Sole Practitioner #2	Two-Person Group Practice	Physician Group Practice
Based on: Pre - 1194 Tax Laws	2,601	3,457	7,050	47,000
Based on: 1995 Tax Laws	0	3,197	6,900	45,524
SBT Savings	2,601	260	150	1,476

As can be seen from the analysis of the SBT changes above, the reductions involved were not very substantial. However, when these changes are combined with the income and intangibles tax changes described above and the substantial property tax reductions that resulted from the passage of Proposal A, the direction Governor Engler and the Legislature are taking can be viewed positively.

If you have any questions regarding any of these changes or how they will impact you, please contact the author, B. D. Copping, Michigan Practice Leader for State and Local Tax Services for Deloitte and Touche LLP at (313) 396-3254. ■

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SURFING THE INTERNET

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This new information technology,

More physicians are surfing the Internet than ever before, thanks to the recent launch of MSMSNET, the Michigan State Medical Society's new online service for physician members. If words like World Wide Web, E-mail, and Hypertext links send you into a state of confusion, then read on. This month's cover story discusses MSMS's launch into the information superhighway and training programs MSMS has in store for physician members. Also included is an examination of the Internet — past, present and future — by the president of Voyager Information Networks, Inc., a Michigan corporation specializing in Internet services for Michigan trade groups and other organizations, including MSMS. This cover story marks the beginning of a series of articles on the Internet which will appear in future issues of *Michigan Medicine*. Hop on board and enjoy the ride! ☺

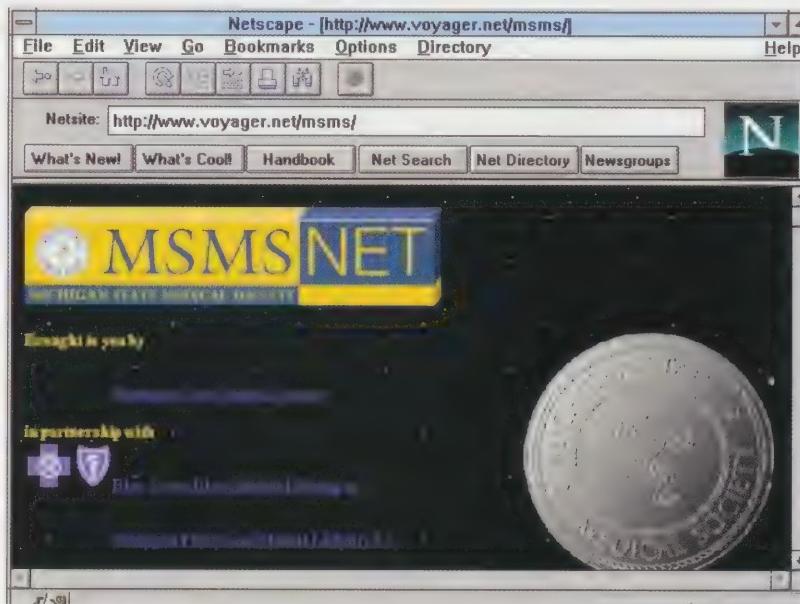


MSMS NET

MICHIGAN STATE MEDICAL SOCIETY

Hundreds of physicians are riding the crest of this new information technology

By Andy T. Clay



Physicians are surfing the Internet in greater numbers than ever before now that MSMSNET, the Michigan State Medical Society's new wave of information services for physician members, has arrived. Since its arrival in May, hundreds of physicians are riding the crest of this new information technology.

You may have heard that using an Internet service is difficult, involving strange tools like "FTP" and "Gopher." That was yesterday. Today, thanks to user-friendly software like that used for MSMSNET, navigating the Internet is an intuitive point-and-click operation. As physicians try MSMSNET and realize how easy

it is to use—and discover the practical services they can access quickly and inexpensively—more and more are getting online.

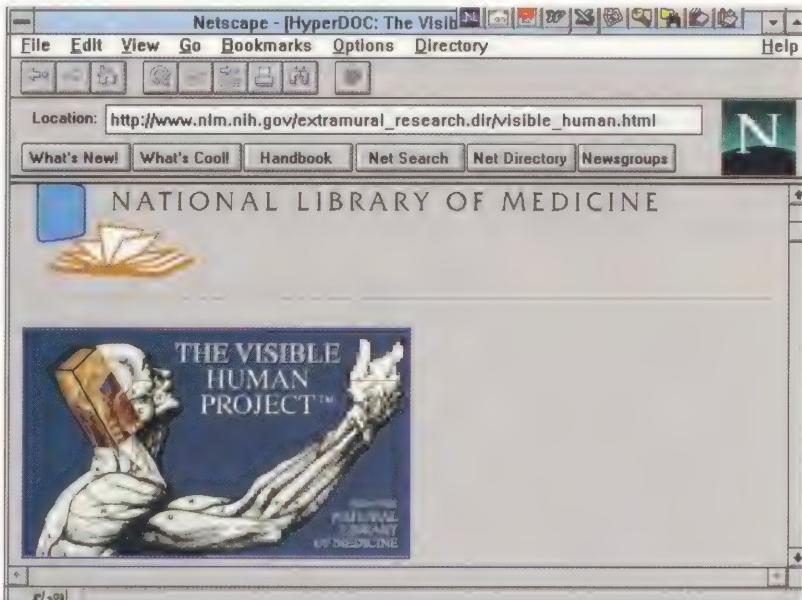
"MSMSNET provides doctors a way to begin interacting with the Internet, if they haven't already," says MSMS Committee on Technology Chair Nicholas J. Lekas, MD. "It's easy for them to enter and navigate the Internet via MSMSNET. One of the most useful things about MSMSNET for doctors is their ability to E-mail colleagues," adds Doctor Lekas. "One of my associates uses the Internet every day and he's in contact with people across the country. He's sharing ideas, and has collaborated on a project with a person he's never met."

MSMSNET is made possible with the support of partner organizations which provide valuable online information for physicians, including Michigan Physicians Mutual Liability Company, Medical Billing Service, MSMS-sponsored insurance programs and Blue Cross Blue Shield of Michigan. "The creation of MSMSNET is in keeping with the

movement toward on-line communication," says Jon K. Baker, director, Information Systems Department, Stratton-Cheeseman Management Co., the management firm for MPMLC. "For us at MPMLC, we'll be able to get information to our policyholders quicker and respond to questions from on-line users. We see immediate potential for MSMSNET in our communications, marketing and risk management departments."

"MSMSNET is an opportunity to gain the attention of physicians who may not see our other communication devices, like *The Record*," says BCBSM Executive Vice President and Chief Operating Officer Robert Asmussen. "We can communicate information on the network that is of a higher level—things that physicians will be particularly interested in, like CME seminars, information from outreach meetings, and newly payable medical procedures. Another interesting feature on the network is our directory of key BCBS staff, particularly our physician ombudsman."

"Blue Cross is pleased to support MSMSNET," Asmussen adds.



"We anticipate that both we and the physicians will be advantaged by it in terms of communication."

Online advantages

One of the biggest advantages of MSMSNET is its unlimited access to the Internet at a flat monthly fee—now only \$17.95 per month during a special promotion through September 15. Other services charge hourly fees, which can add up. MSMSNET's unlimited access

gives it an enormous advantage over the other on-line services currently available.

For example, *Prodigy* and *America On-Line* both have monthly rates of \$9.95 for 5 hours and then charge \$2.95 for every hour thereafter. Quite simply, if you'll be using the Internet for more than eight hours per month, MSMSNET is a less expensive service. And, once you realize how valuable access to the Internet can be, it may be difficult to limit yourself to eight

Continued on next page

Importance of Information Superhighway for Health Care



SOURCE: MSMS Survey on Practice Characteristics, 1994

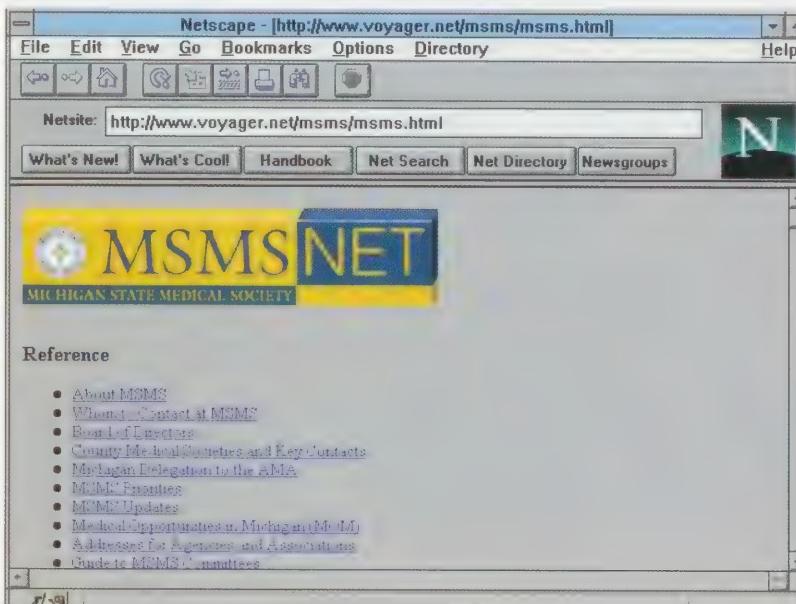
Respondents to a recent MSMS survey on practice characteristics almost universally agreed that emerging computer technologies will be important for health care.

Physicians with Access to the Internet



SOURCE: MSMS Survey on Practice Characteristics, 1994

Among physicians with appropriate computer equipment, only 18.7 percent have access to the Internet. Previously only available to physicians in academic settings, the new MSMSNET will make the resources of the Internet accessible to all members.



hours per week, let alone eight hours per month.

Local dial-in access to the service is also an important feature. Fortunately, there are local access numbers in most areas across the state using *MichNet* dial-in access numbers. In addition, Voyager Information Networks, Inc., the on-line service through which MSMSNET is available, is establishing its own additional modem pools around the state, which will further improve local dial-in access.

Convenience of E-mail

In the last few years, standard electronic mail has all but eliminated office memos and lost phone calls. Now Internet mail boasts the same advantages on a much larger scale. E-mail via Internet, part of the MSMSNET subscriber package, is convenient, inexpensive, reliable, and fast.

If, at any time, day or night, you need to send a message from coast to coast (or from continent to continent) there is no more efficient way to do so than by E-

mail. Another advantage: your message already is in electronic form making it easier to transfer to a word processor for editing.

Keep your favorite services

Some prospective MSMSNET users have expressed concern that they will lose services they get through other online service providers. However, many of the services that previously were available only on *America On-Line* and *Prodigy* now can be accessed by MSMSNET subscribers via the World Wide Web (WWW), the vast global "library" of online information. This trend toward more freely-available services is expected to continue, as providers realize the enormous markets they can reach through the WWW.

Interactive and evolving

As a vital interactive service, MSMSNET will evolve and continue to add features, information and interactive sites.

Physician subscribers will be key to shaping MSMSNET services, and their feedback will be vital.

Training for Internet novices

MSMS has scheduled Internet training programs offering varied formats and skill levels, including hands-on instruction as well as group demonstrations, all designed to be short and concise to fit into physicians' busy schedules. (See page 36 for schedule.)

For more information or to arrange for an MSMSNET demonstration, you may contact me by phone at (517) 336-7601; fax, (517) 336-5797; or E-mail, aclay@msms.org.

Andy T. Clay is MSMSNET coordinator.

Professional Uses of the Internet

Querying research databases	50.9%
Point-to-point e-mail	50.9%
Two-way consumer-provider interchange	8.2%
Two-way, real time medical consultations	7.6%
Other	4.5%

SOURCE: MSMS Survey on Practice Characteristics

For those physicians with Internet access, database research and electronic mail are the most common uses. Through the Internet, physicians can access colleagues and research anywhere in the world.

The birth of the Internet:

It's been around longer than you may have thought

By David Ellis

The Internet just keeps on growing. The handful of computers linked in 1969 has grown to nearly 5 million today. Today's reported 30 million Internet users worldwide is projected to grow to 100 million within five years.

The Internet was conceived in 1969 as a US Defense Department research project aimed at finding a way to maintain military communications in the event of a nuclear war. It was called the ARPAnet (Advanced Research Projects Agency network) back then, and only became known as the Internet two decades later. You could count on one hand the number of computers linked via the ARPAnet.

All the computers were linked together by land lines. If one or more lines were cut during an attack, communications among them would be maintained through a method, or "protocol," called packet switching. In packet switching, messages are broken up into tiny packets, each marked with the address of the destination computer. Devices called routers at each network site could not only read these addresses but also could look ahead for an open line to send them down. If a line were cut halfway through a transmission, the router would simply send the second half of the message down another line, and the two halves of the message would be automatically re-assembled into a whole by the receiving computer.

The destination addresses have come to be known as "IP" (Internet

Protocol) addresses. Every computer and every router on the Internet has a unique IP address, just as every home and business on the planet does.

For almost 15 years, the Defense researchers tinkered with various packet switching protocols, finally adopting today's standard protocol in 1983. It is known as "TCP" (Transmission Control Protocol.) Both TCP and IP are necessary for messages to get sent and received, and today the entire network protocol is called simply "TCP/IP."

The year 1983 can thus be thought of as marking the birth of the Internet after a 15-year gestation. Its early childhood years lasted until 1989. During that period, increasing use of the Internet by university faculty and students made the network inherently insecure for Defense purposes, yet its value to academia was clear. The Defense Department handed control of the Internet over to the National Science Foundation in 1986, and funding was maintained through a combination of NSF grants and university resources. From the user's perspective, the Internet was free of charge. Because the Internet was publicly funded, purely commercial traffic was not allowed to use it.



"Access to the MSMSNET is important because it's a state-wide network, it's medically-related, the price is reasonable, it's available via local telephone number, and it features user-friendly E-mail."

Dennis Harris
MMGMA
dharris@msms.org

Continued on next page

Gopher, hypertext, and the Web

Up to this point, in order to use the Internet one needed to know how to use various cryptic commands in the UNIX operating system. This effectively ensured that interest in using the Internet would be confined to computer programmers, hackers, and folks who simply enjoyed the challenge of learning arcane commands and protocols. But in the late 1980s, a team at the University of Minnesota devised a simple menuing system that allowed users to select options from menus, without need to type in commands. It was called "Gopher" in reference to both the university mascot and the system's ability to scurry around the Internet's growing maze of tunnels and find information.

The advent of Gopher marked the beginning of adolescence for the Internet, taking it out of its protective family environment of programmers and into courtship with a broader group of people. Very soon after Gopher, another method of navigating the Internet was developed. It uses a concept known as "hypertext" linking, and the Internet sites that adopted it became known collectively as the "World Wide Web," or just "the Web."

Instead of presenting the user with a menu of choices (as Gopher does), the Web presents documents on screen. Words or whole phrases within a Web document may be highlighted on bold text. If the user selects one of these hypertext links, s/he will be taken to another document containing (usually) more detailed information about the selected word or phrase. The main point to realize about this method of navigating the Internet to find information is that it does not matter where in the world the information is. Selecting the word "pediatrics" in a document residing on a computer at Michigan State University might, for example, connect the user seamlessly and transparently to a computer at the Mayo Clinic. Think of the Web as a giant CD-ROM encyclopedia, only (currently) slower.

A look at the present

The idea of hypertext was neat, but the presentation of it was not. On screen, text-only hypertext documents appeared messy and confusing and were not so easy to use as Gopher. In 1993, a team at the University of Illinois developed software that put a graphical interface over the Web. They called it "Mosaic." Mosaic presented hypertext documents in the familiar point-and-click Windows (and Mac) environment, used typeset-quality text, and allowed graphics and pictures to be displayed along with the text. It presented the user essentially with an on-screen version of a color magazine.

No sooner was it released than Mosaic was hailed as the "killer application" that would open up the Internet to everyone. Its graphical presentation would appeal to the right- as well as the left-brained among us. Once the stunning potential of their brainchild dawned on the developers of Mosaic, their leaders quickly abandoned academia for the more lucrative business world, and the battle of the "Web browsers" began.

Mosaic was the first of the genre now known as Web browsers —software that lets you browse the Web in graphical format. It is still available as "freeware" from the University of Illi-



"Physicians are moving from computer illiterate to computer dependent. Areas of clinical decision support, continuing medical education, and telemedicine, will require physicians to be very knowledgeable in computer systems. I believe MSMSNET is a wonderful introduction for physicians to the Internet as well as to the numerous areas of interest in which MSMS is involved."

John "Kevin" Sullivan, MD
Chair, Eastern Michigan



nois and it is still one of the best browsers available, but it now has several competitors. Chief among these is *Netscape*, the browser distributed to MSMSNET members. *Netscape* was developed by the leaders of the team that developed the original *Mosaic*, and is recognized as an improvement over it. Indeed, *Netscape* is by far the most popular Web browser used today, and with a constant stream of innovations is likely to enhance its lead.

Commercial use of the Internet

Two significant things happened to cause the commercial world to jump, big time, on the Internet bandwagon this year. First was the development of Web browsers as just discussed. Second was the handing over of the Internet from the NSF and academia to the commercial world. Over the past two years, several commercial Internet backbone networks (the major trunk routes used by Internet traffic) were developed by MCI, ANS (Advanced Networks and Services), and others to supplement the NSF backbone and handle the commercial traffic that was not allowed to be routed over the NSFnet. On April 30 this year, the NSF formally ended funding for the Internet and the commercial networks now carry all Internet traffic.

"An important feature of MSMSNET is the access it provides to information databases. Doctors can perform literature searches easily and quickly."

Nicholas J. Lekas, MD
Chair, MSMS Committee on
Technology in Medicine

The inevitable result of this is that use of the Internet is no longer "free." Someone has to pay MCI for the lines and equipment deployed in its Internet backbone, and that someone is you and me. The tendency among Internet service providers has been to charge users by the hour, with perhaps a small "free" allowance per month. *Prodigy*, *America Online*, and other once-proprietary networks have identical rates of \$9.95 per month, which includes five "free" hours of use. Additional hours are billed at \$2.95 per hour. Accepted industry statistics show that the average user spends 15 hours a month online, so the average bill is closer to \$40 than to \$9.95, and can be much higher for people who spend an hour or more a day online.

Demand for budgetable flat-rate pricing caused Voyager Information Networks, MSMSNET's Internet service provider, to be the first to offer affordable flat-rate pricing. MSMSNET members gain the benefit of this already. It is probable that competitive pressure will force other services to follow suit with flat-rate pricing structures.

The other inevitable result of commercial use of the Internet is the growing presence of commercial Web sites. A year ago, commercial traffic was a small fraction of Internet traffic overall. Today, it is the biggest sector, and growing fast. Companies and organizations are using the Web to publish information about themselves and to facilitate information-sharing and networking among themselves and with their publics, just as MSMSNET is bringing news and information about the practice of medicine to members, as well as providing them with a modern means of networking and communications.

What lies ahead

With the advent of *Mosaic*, the Web was already no longer just a hyperTEXT network. The addition of selectable graphic elements, that lead to other information, made it a hyperMEDIA net-



"I especially appreciate having E-mail. It allows me to communicate with someone immediately. I like the fact that this type of communication doesn't interrupt patient care...One of the biggest advantages of the Internet is the immediacy of the news and information available. I don't have to wait until it's printed."

Tama D. Abel, MD
Ann Arbor

Continued on next page

PREPARED FOR THE 21st CENTURY

Your Michigan State Medical Society has introduced MSMSNET, an easy-to-use, on-line service for physicians and other medical professionals.

MSMSNET is the only source physicians will need for on-line access to:

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- clinical databases
- current publications
- E-mail
- the World Wide Web.



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Voyager is available to consult on Internet issues, design and maintain home pages on the World Wide Web and a host of other professional services.

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- E-mail, FTP, Telnet & Gopher

To sign up for MSMSNET, or to receive more information, call MSMS at 517-336-7601 or E-mail: aclay@msms.org



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work. Already, there is more available than mere text and still pictures. Here are some of the things you can do on the Internet today:

- View CNN news video
- Videoconference with people around the world
- Listen to music
- Operate a robot arm located at the University of Western Australia

The word "can" needs considerable qualification, however. While the software that will let you do these things is available now in *Netscape*, the communication speed or "bandwidth" you need to do them in real time is available only to very large corporations and research institutes that can afford thousands of dollars per month for leased broadband telephone lines. With the bandwidth available over an ordinary phone line, it takes several hours after clicking on CNN's video clip before the one minute's worth of video actually shows up on your screen.

Even with a leased T-1 line, carrying data at a rate of 1.5 million bits per second (as opposed to a high-speed modem sending data at 28,800 bits per second over an ordinary phone line), real-time video is barely practical. Speeds of at least 4 million bits per second are needed.

Such bandwidth does exist and, in fact, is already available in 65 percent of US homes for around \$20 a month. It exists in the cable TV lines that carry TV pictures into the home. The cable industry is rapidly gearing up to offer very high speed Internet service to its customers, and presents a formidable challenge to the telephone companies' monopoly on data transmission services.

But even this available bandwidth is likely soon to seem paltry in the face of looming demand for interactive "virtual reality" — the ability to feel "present" in three dimensions in some real or computer-generated remote locality. Today, by clicking on a mouse button, you can make a robot arm in

Australia pick up a block of wood. It takes about a minute for the still-video image of the result to reach you. In future, you'll wear a "data suit," containing thousands of microscopic vibrators to simulate touch, and an "HMD" (head-mounted display) to give you three-dimensional vision, to pick up the blocks in Australia with your own fingers in Detroit.

This is truly the beginning of remote surgery, and it is all real. All of the technology mentioned exists and works. All that's needed to make it practical is:

- More bandwidth, of the type that fiber optics already can deliver, but at an affordable price;
- More computer power, of the type that "massively parallel" super-computers already can deliver, but at an affordable price;
- Smarter software, of the type that neural network software already delivers, but at an affordable price.

The only question remaining is: When will the price be affordable? Extrapolating from the history of the computer and communications industries, where the price/performance ratio of computer hardware and software has developed exponentially, it's not unreasonable to expect the price to be affordable well within the first decade of the 21st century.

And that's less than five years away.

In the meantime, the Internet just keeps on growing. The handful of computers linked in 1969 has grown to nearly 5 million today. Today's reported 30 million Internet users worldwide is projected to grow to 100 million within five years. The reasons for its growth are clear: It is useful, it is inexpensive, and it is easy. ■

David Ellis is president of Voyager Information Networks, Inc., a Michigan corporation specializing in Internet services for Michigan trade groups and other organizations. Voyager is the service provider for MSMSNET.



"In today's health care environment, it's especially important for physicians to network with each other, and MSMSNET is an ideal tool for doing that...It's appropriate that physicians stay on the leading edge of this technology. The Internet contains extremely valuable resources that can be used for research and patient care, as well as information valuable in the business side of medical practice."

Thomas Berglund, MD
Portage
tberglund@msms.org

Glossary of Terms

Gopher — A widely successful method of making menus of material available over the Internet. Gopher is a Client and Server style program, which requires that the user have a Gopher Client program. Although Gopher spread rapidly across the globe in only a couple of years, it is being largely supplanted by Hypertext, also known as WWW (World Wide Web).

Hypertext — Generally, any text that contains "links" to other documents - words or phrases in the document that can be chosen by a reader and which cause another document to be retrieved and displayed.

IRC (Internet Relay Chat) — A huge multi-user live chat facility. There are a number major IRC servers around the world which are linked to each other. Anyone can create a "channel" and anything that anyone types in a given channel is seen by all others in the channel. Private channels can (and are) created for multi-person "conference calls."

Internet (upper case I) — A vast collection of inter-connected networks. The Internet (as of July 1995) connects roughly 60,000 independent networks into a vast global internet.

internet (lower case i) — Any time you connect two or more networks together, you have an internet - as in inter-national or inter-state.

Telnet — The command and program used to login from one Internet site to another. The telnet command/program gets you to the "login:" prompt of another host.

URL (Uniform Resource Locator) — The standard way to give the address of any resource on the Internet that is part of the World Wide Web (WWW). A URL looks like this:
<http://www.voyager.net/msms/msms.html>

Usenet — A world-wide system of discussion groups, with comments passed among hundreds of thousands of machines. Not all Usenet machines are on the Internet, maybe half. Usenet is completely decentralized, with over 10,000 discussion areas, called newsgroups.

WWW (World Wide Web) — Two meanings - First, loosely used: The whole constellation of resources that can be accessed using Gopher, FTP, HTTP, telnet, Usenet, WAIS and some other tools. Second, the universe of hypertext servers (HTTP servers) which are the servers that allow text, graphics, sound files, etc., to be mixed together.

Sign up for Internet training sessions

Topics to be covered include:

- Internet overview
- Internet lingo
- The World Wide Web
- Netscape, a web browser
- Searching the Web
- Clinical and Medical opportunities
- E-mail
- UseNet news groups

Throughout the fall, MSMS will hold introductory-level training sessions for physicians on using the Internet. Sessions are planned at Wayne and Oakland County Medical Societies' headquarters, at MSMS headquarters in East Lansing, and in Grand Rapids. There's also a session planned during the Nov. 2-4 Annual Scientific Meeting in Lansing. Call MSMSNET Coordinator Andy Clay at (517)336-7601, or E-mail him at aclay@msms.org for dates and details, and to register.

Ad for free eye surgery in the Philippines.



MEDICAL MISSION

to the Philippines and Thailand an ambitious project

By Jaime V. Aragones, MD

"Operating until 4:00 a.m., we ran out of supplies and decided to stop. The count then was 62 operations and 200 consultations... Exhausted, I joined the group sleeping on mattress bedding on the cement floor. I slept more soundly that night than any of those nights in the soft beds at Manila Hotel."

This year's medical mission to the Philippines and Thailand was the culmination of two years of planning and preparation. For the Oxford Rotary Club of Michigan, it was an ambitious project traveling to two distant countries where so much blindness exists. And yet, it also shows that undertakings of such magnitude can be accomplished at a tremendous savings in time and cost when properly planned and coordinated. These statistics (shown in box) speak for themselves.

First stop, the Philippines

In the Philippines, the team was asked to use the newly inaugurated mobile eye van which will be used in underserved areas in different parts of the country. Complete with clinical diagnostic equipment on one side and an operating room on the other, the mobile unit enabled the team to perform 14 procedures in one day. The set up, however, could only handle a limited volume of patients in a day. Therefore, a decision was made to move back to our home base at the Santos Eye Clinic in Malolos, Bulacan. The larger space for consultations, including four operating tables with microscopes, made it possible for us to care for more patients.

Medical missions also provide excellent opportunities for exchange of ideas. Innovations such as the use of an Alcon 10,000 Phacoemulsification machine for cataract surgery and the use of Mitomycin for pterygium operations were a welcome addition to the armamentarium in the treatment of these two conditions. This trip

Continued on next page

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also marked the first time we were able to serve the Aetas (Aborigines). Living in impoverished conditions at the foothills of the recently erupted volcano Mt. Pinatubo, these long-suffering people had resisted previous attempts for free eye care. Suspicious, detached, and wary, they were difficult to reach because of their fear of eye surgery. Patience and persistence, however, paid off through the efforts of Doctor Ruben Henson who trained Aeta eye care assistants to screen the blind and convince them to seek medical care. Reports of patients happily returning to their villages proclaiming "they could see again" were a reward difficult to describe.

On to Thailand

Leaving the colorful and hospitable settings in the Philippines, the group moved on to Thailand where a different scenario was encountered. Gone were the welcome signs and VIP treatment at the airport. Suitcases were opened, medical supplies and instruments were scrutinized. Communication became a problem as we had to utilize interpreters. Proceeding first to Chainat, Thailand, the team met their host, Doctor Veeraphan Thanaprachoom. Besides being a personable and dedicated ophthalmologist, he was also an excellent surgeon. And yet, operating at the Chainat Clinic was difficult. The hospital had one small operating room adjacent to another room where there were ongoing obstetrical procedures. Both shared the same scrub facilities. Several power blackouts compounded the difficulties and handheld flashlights were used as light sources. Fortunately, no major complications were encountered and all the patients appeared to do well prior to their discharge.



Doctors Aragones and Henson of the Philippines operating on Aeta (aborigines) patients.

The team then made a five-hour trip northeast to the province of Loei in the town of Dansai close to the Mekong River and the border of Laos and Burma. In all my days of missionary work, rarely, if ever, have I beheld any sight more compelling than the plight of those people in the northeastern border of Thailand. Our final 48 hours in Dansai can be considered a medical missionary's dream or nightmare. We were the first eye team to the area, and the local medical staff had pre-screened about 200 patients needing surgery. Treating all of the patients who needed our help was an impossible task for the two remaining days of our medical mission. Screening the patients was a heart-breaking experience as we only selected patients unable to see beyond four feet. Operating until 4:00 a.m., we ran out of supplies and decided to stop. The count then was 62 operations and 200 consultations. I did manage to squeeze into the schedule a five-year-old boy with an eye tumor and a large mass before the ear,





Doctor Aragones continuing surgery with magnifier (loupes) and flashlights during power failure

which I operated on under local anesthesia. Exhausted, I joined the group sleeping on mattress bedding on the cement floor. I slept more soundly that night than any of those nights in the soft beds at Manila Hotel.

As always, the greatest rewards come from within...from the satisfaction of seeing a blind person care for himself through improved vision. Those simple words of gratitude in a language you do not understand seem to linger even more so for they are spoken with more feeling and more depth. As we left, the hospital director presented me with this letter of appreciation:

"The staff at DanSai Crown Prince Hospital and the villagers of DanSai would like to extend heartfelt gratitude for your contribution. Working out of a rural town in the Northeast, our town often gets unnoticed and unfortunately, it's towns like ours that need the greatest assistance. This is the first clinic of its kind to service our people, and with it you brought many things including smiles, hope, an increased sense of dignity and sight. The patients you treated have left with a new vision; one that includes renewed faith in the health system and



Patients in Dansai, Thailand waiting for the doctors morning rounds. They had surgery one day prior.

health care in general. We believe that they leave with a certain sense and understanding that their life is just as valuable as their rich neighbors."

The Philippine mission included the following members of the Oxford Rotary Club of Michigan: Jaime V. Aragones, MD, ophthalmologist; Brian Allen, computer programmer; and Lourdes Aragones, administrator. The other members were Colonel Thomas Mader, MD, ophthalmologist, Tacoma, Wash.; Dora Moody, Fort Worth, Texas, representing Alcon Surgical Inc.; Lydia Palaganas, RN; Hilda Bressler, RN; Tony Patino, pharmacist; Josefine Dyer, ophthalmic assistant.

The project received invaluable support from the Barasoin Rotary Club, Malolos Rotary Club, and the staff at the Santos Eye Clinic.

Joining the mission in Thailand were volunteers Richard Uttarnachitt, MD, gastroenterologist; Susan Gerrits, attorney; Suchart Sivavajchaigpong, pharmacist; Susan Andrews, restauranteur; Elizabeth Basso, fine arts; Jamie Valerie Aragones, interior designer; Tesa L. Aragones, advertising executive. ■

Doctor Aragones is a Rochester ophthalmologist.

Total operations: 199

Philippines March 19 - March 25
137 Eye operations
610 Consultations and treatments

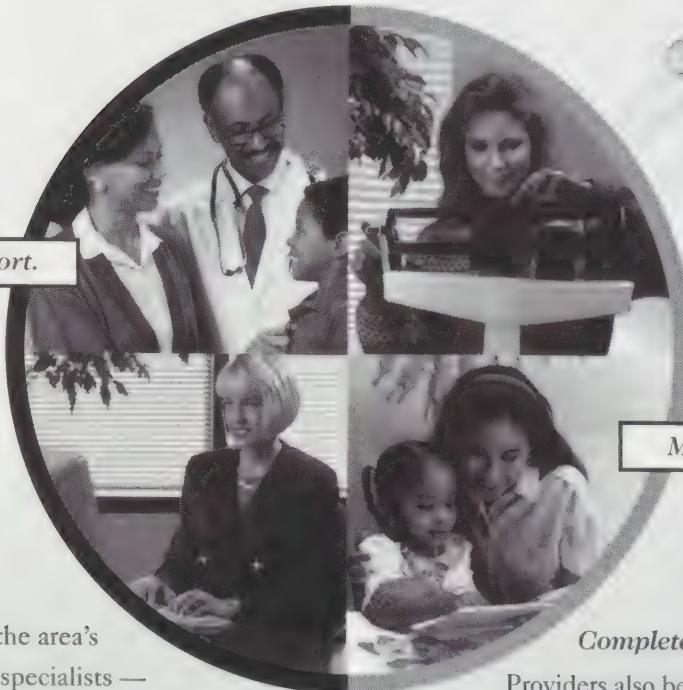
Consultations: 881

Thailand March 30 - April 2
62 Eye operations
271 Consultations and treatments

The total number exceeds that of our 14th mission in 1993 when 137 operations were performed and 239 consultations were given.

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For a complete program and registration form,
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PROGRAM PREVIEW

MSMS ANNUAL SCIENTIFIC MEETING

Focus on CME

Thursday Morning, November 2, 1995

All morning courses run from 8:30 a.m. to noon with a half-hour break.

LEGISLATIVE BREAKFAST - 7:00 A.M. - 8:15 A.M.

CANCER UPDATE FOR CLINICIANS

DIRECTOR: Manuel Valdivieso, MD, Detroit. Presented by Division of Hematology and Oncology, Wayne State University School of Medicine.

ISSUES IN OCCUPATIONAL & ENVIRONMENTAL AND GENERAL PREVENTATIVE MEDICINE

DIRECTOR: James J. Andonian, MD, Plymouth. Presented by Michigan Occupational and Environmental Medical Association.

LIVER TRANSPLANT

DIRECTOR: Jeremiah G. Turcotte, MD, Ann Arbor. Presented by University of Michigan Organ Transplantation Center.

MANAGEMENT OF THE DEPRESSED PATIENT IN PRIMARY CARE

DIRECTOR: Thomas L. Schwenk, MD, Ann Arbor. Presented by Department of Family Practice, University of Michigan Medical School.

PAIN MANAGEMENT

DIRECTOR: Joel R. Saper, MD, Ann Arbor. Presented by Michigan Head-Pain and Neurological Institute.

PREVENTION OF CARDIOVASCULAR DISEASES

CO-DIRECTORS: Bradley L. Hubbard, MD, and Ron J. Vanden Belt, MD, Ann Arbor. Presented by Michigan Heart and Vascular Institute and American Heart Association, Michigan Affiliate.

Thursday Afternoon, November 2, 1995

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

ALLERGIC SKIN DISEASES

DIRECTOR: Michael R. Simon, MD, Allen Park. Presented by VA Medical Center.

COLON AND RECTAL CANCER

DIRECTOR: Farouk S. Tootla, MD, Pontiac. Presented by Michigan Society of Colon and Rectal Surgeons.

NEUROLOGICAL PROBLEMS OF FREQUENT ENCOUNTER

DIRECTOR: Paul A. Cullis, MD, Detroit. Presented by Department of Neurology, Wayne State University School of Medicine.

ORTHOPAEDICS FOR THE INTERNIST AND FAMILY PHYSICIAN PRACTICE

DIRECTOR: Larry L. Pack, MD, Flint. Presented by Michigan Orthopaedic Society.

TREATMENT OF CARDIOVASCULAR DISEASES

CO-DIRECTORS: Bradley L. Hubbard, MD, Ann Arbor and T. Barry Levine, MD, Detroit. Presented by Michigan Heart and Vascular Institute and American Heart Association, Michigan Affiliate.

A complete list of courses and a registration form will be published in Medigram on August 22.
For more program information, contact Beverly Starrak at (517) 336-5738.



NOVEMBER 2-4, LANSING CENTER, LANSING

Friday Morning, November 3, 1995

All morning courses run from 8:30 a.m. to noon with a half-hour break.

Early Bird Plenary Session, 7:15 a.m. - 8:15 a.m.

THE ROLE OF CONTINUOUS QUALITY IMPROVEMENT IN THE RAPIDLY CHANGING ENVIRONMENT

DIRECTOR: Ron Swenson, MD, Lansing. Presented by Quality Improvement and Credentials, Sparrow Hospital and Health System.

ADVANCES IN THE TREATMENT OF LUNG DISEASE

DIRECTOR: Allen Silbergleit, MD, Pontiac. Presented by Michigan Society of Thoracic and Cardiovascular Surgeons.

CLINICAL USE OF LASERS: UPDATE

DIRECTOR: Donald M. Ditmars, Jr., MD, Detroit. Presented by Department of Plastic and Reconstructive Surgery, Henry Ford Hospital.

COMMON FLUID-ELECTROLYTE AND ACID-BASE DISORDERS

DIRECTOR: Robert G. Narins, MD, Detroit. Presented by Department of Nephrology and Hypertension, Henry Ford Hospital.

HIV AND HEALTH CARE PROVIDERS

DIRECTOR: David B. Martin, MD, Traverse City. Presented by MSMS AIDS Provider Education Project.

MANAGEMENT OF LOW BACK PAIN

DIRECTOR: Jack P. Rock, MD, Detroit. Presented by Department of Neurosurgery, Henry Ford Hospital.

POSTMENOPAUSAL HORMONE REPLACEMENT THERAPY

DIRECTOR: Kamran S. Moghissi, MD, Detroit. Presented by Department of Obstetrics and Gynecology, Wayne State University School of Medicine.

Friday Afternoon, November 3, 1995

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

ASTHMA UPDATE

DIRECTOR: Edward Alpert, MD, Warren. Presented by Michigan Allergy Society.

BASIC CARDIAC LIFE SUPPORT

DIRECTOR: To Be Announced

COMMON HAND DISORDERS IN PRIMARY CARE

CO-DIRECTORS: Donald P. Condit, MD, and Ralph M. Costanzo, MD, Grand Rapids. Presented by The West Michigan Hand Center.

CURRENT CONCEPTS IN CLINICAL RADIOLOGY

DIRECTOR: A. P. Zingas, MD, Detroit. Presented by Department of Radiology, Wayne State University School of Medicine.

CUTANEOUS MYCOSIS

DIRECTOR: John M. Chadwick, MD, Battle Creek. Presented by Michigan Dermatological Society.

WOMEN'S HORMONAL AND PSYCHOLOGICAL HEALTH THROUGH THE LIFE CYCLE

DIRECTOR: Janice Werbinski, MD, Kalamazoo. Presented by MSMS Committee on Concerns of Women Physicians.

Saturday Morning, November 4, 1995

All morning courses run from 8:30 a.m. to noon with a half-hour break.

Early Bird Plenary Session, 7:15 a.m. - 8:15 a.m.

WHAT THE PRACTICING PHYSICIAN NEEDS TO KNOW ABOUT COMPUTERS

DIRECTOR: William F. Bria, II, MD, Ann Arbor. Presented by Department of Clinical Information Systems, University of Michigan Medical School.

ALTERNATIVE MEDICINE

DIRECTOR: David Hahn, MD, Okemos. Presented by Comprehensive Medical Group.

BASIC CARDIAC LIFE SUPPORT

DIRECTOR: To Be Announced

UNDERSTANDING THE POWER OF COMPUTERS IN YOUR MEDICAL PRACTICE

DIRECTOR: To Be Announced

IMMUNIZATIONS: A LIFETIME AFFAIR

DIRECTOR: Karen B. Mitchell, MD, Southfield. Presented by Michigan Academy of Family Physicians.

Special Events

MSMS ANNUAL SCIENTIFIC MEETING,
NOVEMBER 2, 3 & 4, 1995



Computer Technology Center

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Thursday, November 2, 1995

SPECIALTY SOCIETY LEGISLATIVE RETREAT

8:00 a.m. - Retreat
12:30 p.m. - Lunch

MICHIGAN SOCIETY OF COLON AND RECTAL SURGEONS

6:30 p.m. - Dinner

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

6:00 p.m. - Alumni Reception
7:00 p.m. - Alumni Dinner

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE ALUMNI ASSOCIATION

6:00 p.m. - Alumni Reception

MICHIGAN SOCIETY OF GENERAL SURGEONS

5:30 p.m. - Annual Meeting
8:00 p.m. - Board Dinner

Friday, November 3, 1995

MSMS COMMITTEE OF SPECIALTY SOCIETY PRESIDENTS

12:00 p.m. - Luncheon

MICHIGAN ACADEMY OF PLASTIC SURGEONS

1:00 p.m. - Board Meeting

MICHIGAN OCCUPATIONAL MEDICAL ASSOCIATION

6-10:00 p.m. - Reception, Dinner & Speaker

MSMS COMMITTEE ON CONCERN OF WOMEN PHYSICIANS

5:00 p.m. - Reception
7:00 p.m. - Committee Meeting

Look for details regarding additional specialty society and alumni events in the conference final program, to be printed in the August 22 issue of Medigram.



THE MICHIGAN STATE MEDICAL SOCIETY 1995 ANNUAL SCIENTIFIC MEETING IS SUPPORTED IN PART BY A GRANT FROM BLUE CROSS BLUE SHIELD OF MICHIGAN.

MSMS APPRECIATES THE CONTRIBUTIONS OF BCBSM IN BRINGING THIS EDUCATIONAL OPPORTUNITY TO PHYSICIANS IN MICHIGAN.

Uncertain Times: Preventing Illness, Promoting Wellness

1996 International Conference on Physician Health

**February 8-10
Chandler, Arizona**

Authors are invited to submit abstracts for consideration as part of the 1996 International Conference on Physician Health, which is sponsored by the American Medical Association, the Canadian Medical Association, the Federation of State Medical Boards, and the Federation of Licensing Authorities of Canada.

Presentations dealing with any aspect of physician health, including issues of well-being, impairment, disability, treatment, and education are welcome. Of particular interest are:

- Coping with changing economic or practice circumstances
- Stress and physician health
- Epidemiologic data
- The effects of violence directed at physicians
- Violence occurring within physicians' families
- Patient exploitation
- Mental illness, including substance abuse
- Physical illness and disability
- Special populations
- Comparative data across states or countries
- Physician well-being and family functioning
- Updates on clinical areas (depression, pharmacotherapy, etc.)

Three types of presentations are welcome:

- Poster presentations: written presentations of data-based research
- Paper sessions: Oral presentations of scientific, data-based findings on issues of physician health. Paper presentations will be grouped into related panels, with individual papers presented in 20 minute time slots
- Workshops: Training or instructional presentations designed to improve the skills and knowledge of persons working in the physician health field

Abstracts for all presentations must be submitted on the abstract submission form which is available from: American Medical Association, Physician Health Program, Attn. E. Tejcek, 515 North State Street, Chicago, IL 60610.

All presenters must register for the conference and will pay the AMA member rate. Presenters will be responsible for their own expenses.

Questions or requests for abstract submission forms may be sent to the address above or directed to 312 464-5066 or faxed to 312 464-5841.

Deadline for submission is October 2, 1995

American Medical Association

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Bridging the Worlds of Organized Medicine and Public Health

A conversation with Michigan's chief medical officer
Ronald M. Davis, MD

By M. Susan Raef



"There is a strong need for close cooperation and collaboration between public health and organized medicine," says Michigan's Chief Medical Officer, Ronald M. Davis, MD. "There's so much we can do that affects each other's spheres."

Doctor Davis has put these words into action throughout his public health career. "I got involved in organized medicine in my first year of medical school,"

he says, "so I've been involved for more than 15 years." Doctor Davis was the first resident physician member of the AMA Board of Trustees, serving from 1984-87.

He was also the youngest candidate when he successfully ran for the AMA's Council on Scientific Affairs in 1993. "But in the speeches I gave," he says, "I was declaring myself the old-timer candidate because I had been going to AMA meetings for longer than most of the other candidates."

"I was developing an interest in preventive medicine early in medical school," Doctor Davis recalls, "and I saw my involvement in organized medicine as a way to promote those causes — for example, for having the state medical society or the AMA lobby the legislature for motorcycle helmet laws or tobacco control legislation or insurance coverage of flu vaccines or mammograms."

Smoking a key concern

Doctor Davis became Michigan's chief medical officer in 1991, after serving four years as director of the CDC's Office on Smoking and Health. At the CDC, he oversaw production of three 600-page Surgeon General's reports released by former US Surgeon General C. Everett Koop, MD.

Doctor Davis considers the 1988 Surgeon General's report on nicotine addiction the most important of the three. FDA Director David Kessler, MD, is now using that report as an influencing factor in the decision to classify tobacco as a drug.

He also oversaw production of the 25th anniversary report of the 1964 Surgeon General's report on the effects of tobacco — the most comprehensive summary of the first quarter-century of America's tobacco control campaign.

The 1990 Surgeon General's report is on the health benefits of smoking cessation. "It's another

mega-report that looks at the benefits of quitting in a number of different disease categories and organ systems — like cancer, cardiovascular disease, chronic lung disease, reproductive health, gastrointestinal disease."

Before Doctor Davis left the CDC in 1991, he spent a year laying the groundwork for the 1992 Surgeon General's report, "Smoking and Health in the Americas" — the first international report on smoking. "It reviews the smoking situation in 35 Latin American and Caribbean countries," he explains.

Doctor Davis also formed an epidemiology branch at the CDC. "It recognized that we had many, many surveys on smoking, but very little analysis of those surveys," he recalls.

"We hired some excellent epidemiologists and we began to put out important papers and reports on smoking trends and patterns — including a series of three papers on smoking trends in *JAMA*, published in January 1989 when the Surgeon General's report came out."

At the same time, Doctor Davis was searching for a publisher for a proposed new peer-reviewed scientific journal for the international tobacco control community. "The British Medical Association agreed to publish it and asked me to be editor," says Doctor Davis. The journal is *Tobacco Control*, published quarterly. "I took that on shortly after I came to Michigan," Doctor Davis recalls, "and I've been editor since."

When Doctor Davis became Michigan's chief medical officer in 1991, he immediately became

involved in MSMS. "I proposed that they offer a seat [in the MSMS House of Delegates] to the chief medical officer of the state health department. This is consistent with the AMA giving a seat to the surgeon general."

MSMS approved Doctor Davis' proposal for a House of Delegates seat. "I had been going to the meetings anyway ever since I got here," he says, "but now I have a formal seat. I've introduced three resolutions at this meeting, so I

"There is a strong need for close cooperation and collaboration between public health and organized medicine, There's so much we can do that affects each other's spheres."

have an opportunity to get involved."

A successful collaboration

The successful collaboration between MSMS and MDPH extends beyond the House of Delegates. Case in point: the family violence campaign.

"We've worked closely with Thomas C. Payne, MD," says Doctor Davis, "and we've been particularly pleased that we've been able to allocate funding for violence prevention programs in Michigan through the tobacco tax."

"Proposal A tripled tobacco taxes from 25 cents to 75 cents a pack," says Doctor Davis. "Most of those revenues went to school systems." But six percent of the revenues — about \$35 million a year — were allocated for public health and prevention programs.

"And we have earmarked about \$1 million of that for an anti-violence campaign — including domestic violence.

"We recently produced a TV spot featuring Bill Lambeer of the Detroit Pistons," says Doctor Davis. "That might strike some people as a surprising choice, because he's known as kind of a violent guy. But we turned that to our advantage by having Lambeer say to the camera, 'Look, I know what it's like to lose your temper. But I'm telling you, when it comes to your family and your loved ones, you can't lose your temper. You cannot become violent.'"

At a recent news conference, MDPH launched the campaign with Bill Lambeer and the Detroit Pistons Wives Association. "The wives of most of the Detroit Pistons were there, as well as Grant Hill's mother," says Doctor Davis. "We released the TV spot as well as some print materials."

"This is turning the Michigan State Medical Society's initiative into more of a full-blown campaign by actually putting dollars behind it. So MSMS fights [violence] in the doctor's office, giving doctors encouragement and tools to talk with their patients one-on-one, and to look for the right signs — while we try to educate the community. They parallel each other very well."

MDPH also provides grant funding for MSMS to help educate physicians and patients on HIV/AIDS issues. "We have had a contract with Michigan State Medical Society for several years now, which is funded at more than \$100,000 a year," says Doc-

tor Davis. MSMS's HIV/AIDS education campaign works primarily through a speakers bureau, and supports speaking activities by physicians to groups of doctors and the lay public.

Valuable lessons

Doctor Davis says his role as a husband and father of three boys — ages 9, 7 and 2 — has taught him valuable lessons. "I've learned that with marriage, you're going to have ups and downs, and you just have to stick with it, and honor your commitments, and you have to work hard to make it succeed."

"I try to apply those lessons to my professional life, and realize that in running large governmental programs and in working with large numbers of people, you have to be persistent, and you have to be resilient. You have to

be able to work through disappointments until you're able to reach your goals."

Doctor Davis credits that persistence in Michigan's victory in passing the largest tobacco tax increase in the country. "We worked for more than two years trying to get tobacco taxes increased here, with a lot of ups and downs along the way. When all is said and done, we ended up achieving the largest increase in tobacco taxes ever in the United States.

"Now we have the highest cigarette tax among all 50 states at 75 cents a pack. And we did this despite being outspent by the tobacco industry by \$5 million to \$1 million.

"We estimate that the tax increase has reduced the number of smokers in Michigan by 143,000 adults and 29,000 teen-

agers," says Doctor Davis, "and as a result, we estimate that 69,000 premature deaths will be avoided."

Having children, he says, has changed his outlook on life. "You realize children are our future — using Whitney Houston's lyrics — and that's really been the most important part of our work: to make a better future for our children."

"I'm looking right now at an international no-smoking sign that was drawn in crayon by one of my sons," Doctor Davis says. "We started them out early." ■

M. Susan Raef is president of WordPower Communications, Inc., a Chicago-based marketing communications firm. She is the former director of the American Medical Association's Department of Communications Services.

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BOARD OF MEDICINE ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Glen W. Andrews, MD, Metro East Substance Abuse Treatment Corp., 8061 Harper, Detroit, MI 48213

Action, Date Taken: License Revoked, Fine - \$50,000, 05-18-95

Reason: Drug Related

Name: Cindy Jo Bix, MD, West Michigan Cancer Center, 200 North Park St., Kalamazoo, MI 49007

Action, Date Taken: License Suspended-6 months & 1 day, Fine-\$2,000, 05-18-95

Reason: Mental/Physical Inability to Practice

Name: Mark Greenbain, MD, 21810 Sheffield, Farmington, MI 48335

Action, Date Taken: Reinstatement Denied, 04-18-95

Reason: None available

Name: Robert L. Hamilton, DO, 6011 Porter Rd., Grand Blanc, MI 48439

Action, Date Taken: Reclassified w/Unlimited License, 04-29-95

Reason: None available

Name: Eduardo M. Herrero, MD, 3729 Fort, Lincoln Park, MI 48146

Action, Date Taken: License Suspended-30 days, Fine-\$500, 05-18-95

Reason: Failure to meet continuing education requirements

Name: Mukhtar Ahmad Malik, MD, 808 Euclid Ave., Bay City, MI 48706

Action, Date Taken: License Summarily Suspended, 05-15-95

Reason: Criminal Conviction-Drug Related

Name: Pamela S. Mazzoline, MD, 118 Loree Dr., East Lansing, MI 48823

Action, Date Taken: License Summarily Suspended, 05-19-95

Reason: Drug Related

Name: Erlinda P. Mercado, MD, North Dakota State Hospital, Box 476, Jamestown, ND 58402

Action, Date Taken: Reprimand, Fine \$10,000

Reason: Negligence-Incompetence

Name: Timothy E. O'Connor, MD, 593 Carrington Ct., Kalamazoo, MI 49009

Action, Date Taken: Reclassified w/Unlimited Educational Limited License, 04-18-95

Reason: None available

Name: Rohane A. Patel, MD, 1872 Hopedale, Troy, MI 48098

Action, Date Taken: Limited License, Probation-2 years, 04-19-95

Reason: Mental/physical Inability to Practice

Name: Richard L. Plagenhoef, MD, P.O. Box 2129, Cherokee, NC 28719

Action, Date Taken: Reprimand, Fine \$1,500.00, 05-18-95

Reason: Violation of general duty/Negligence

Name: Heimo W. Reckmann, MD, 279 Idle Hour Drive, Lexington, KY 40502

Action, Date Taken: License Limited, Probation-2 years, 05-19-95

Reason: Failure to report/comply Sister State Disciplinary Action

■

Inaugural Address



Traveling the Road to Success

By Jean Howard
MSMS Alliance President

How many of you can remember your first car? It doesn't matter whether it was old or new, you can still remember that wonderful feeling of ownership, the first time you slide behind the wheel, the smell of the leather seats, the feel of the steering wheel in your hands. Then some year later, for one reason or another, you had to sell that car and no doubt it was hard to do because of your emotional attachment. But sell it you did for a relatively small amount of money. Now, when that car is no longer made and it could have a high value as a collector's items in today's market, your thought is, "I sold it too cheap!"

Today I want to talk with you about MSMS-A and how we cannot afford to let our organization be sold too cheap. We need to rev up our engines and take a look at who we are and where we are going in order to meet the needs of our members and communities. We need to keep our organization well-tuned. We need to look at how we can implement regular model changes. We need to be aware of the direction in which we are moving so we don't get lost or hit a dead end road. Sometimes, we need to toot our horns so our efforts don't get lost in a traffic jam.

Have we kept MSMS-A well-tuned? We need to analyze our strengths and weaknesses so our organization runs better. We

need to look at the leadership opportunities that are available to us at the state and national level so we can be better mechanics. When we take our car in for repair, we wish service that is timely and convenient. Are we providing a focus for our members that is timely and allows them the convenience of becoming involved? We can no longer equate success with attendance at meetings. It is what we are accomplishing in our communities and state that counts.

Two areas of focus

I think there are two arenas where we need to put our focus this year. The first arena is **domestic violence**. More than 4,000 women in this country were killed in domestic violence incidents last year. More than 2,000 preschool aged children were killed as a result of child abuse last year. The recent tragedy in Oklahoma City has heightened our awareness of the senseless violence that has pervaded our nation. However, the number of deaths in that one incident is still less than the number of deaths attributed to domestic violence during any two-week time span. There were more than 13,000 homicides by handguns in this country last year. That same number in Canada is 125; in Japan it is 66. Over 10,000 children will go to school with a handgun tomorrow. When it is easier and

faster for a child in this country to get a handgun than it is to get a library card, we have a problem!

I am a member of a school board in an area of the state that is considered a safe and quiet area in which to live. We have held six expulsion hearings so far this year for students who have brought weapons to school or have lit another student's hair on fire with one of those 99 cent BIC lighters. What is even more frightening is the fact that we have been dealing with junior high and elementary students. And violence knows no economic bounds as these hearings have dealt with students from single parent families who are struggling to make ends meet to students from professional families with high incomes. We cannot afford to become complacent. We all have our "safe zones" in which we live and work; we need to take a ride out of our safe zones in order to accomplish more. One route to success will be to join the AMA-A caravan on October 11th and do something for SAVE day in your community (Stop America's Violence Everywhere).

Legislation also key

A second arena where we need to keep well tuned is that of **legislation**. I like to think that in the legislative arena we can achieve more by carpooling rather than driving alone because here we are partners in medicine with our

spouses. How can we make sure we are gobbling up the miles to make a difference? There is much to be done at both the state and the national level. The practice of medicine is going through great changes and we have to make sure that those of us in the medical family have a voice in these changes. We must stay informed and be willing to write more letters and make more phone calls so we can make sure the citizens of our state continue to have quality health care at affordable prices. The majority of our spouses tend to be politically active only when they are prodded. We must continue to be the prodders!

The car industry has model changes every year in order to keep their customers returning. How do we look at keeping some of the traditions in place while we try new avenues that will keep us up to date? I say we have a major challenge ahead of us as we vie for a top position in the volunteer organization marketplace. Today's customer is very choosy

about where they put their dues. How can we make sure that our organization has all the features that will make it an attractive buy? What kind of customer research can we do in order to make sure our membership numbers start rising again in light of the fact that six out of the last seven years we have seen a decline in membership. Well the good news is that we are out of the starting gate with two new county alliances in the Upper Peninsula (see article below) and a focus on male and international spouses — I consider these four new sparkplugs in our tune-up!

And, of course, when we travel we need good maps to make sure we are traveling in the right direction and don't get lost. We need to focus on our strategic plan and have meaningful projects that will help guarantee a healthy membership and organization. We need to be in constant communication so we are all moving in the same direction. We need to help pave the way to success by making sure no

county is left by the side of the road. We know that occasionally we may make a wrong turn along the way or encounter a detour and that it is OK to take a risk or make a mistake; we will learn and become stronger because of them.

Each one of you will have a toy car sitting on your plate when you go to lunch. This is for you to put on your desk and have as a reminder that we have a long road to travel for MSMS-A this year. But working together, we can form a caravan and have help at every stop along our journey. Working together we can keep our organization well-tuned as we make MSMS-A the vehicle of choice for physician spouses. Working together we can all be spark plugs for MSMS-A and bring more members into our showroom. Working together we can travel that extra mile and make a difference in the life of someone who has been the victim of domestic violence. We have to remember that we cannot sell too cheap! ■

MSMS Alliance membership "cruise" brings two new counties on board

By Janet Gregory, MSMS-A President-Elect

Time and emotional demands, the increasing stress of litigation threat, proposed health system reform and the impact of all of this on family life, puts physician spouses in a unique situation. It is easy to say that we truly are *all in the same boat!*

This year the Michigan State Medical Society Alliance invited all physician spouses to participate in the Alliance's 1994-95 Membership "Cruise." The Alliance Membership Cruise "Ports of Call" included a statewide support network for physicians' spouses; information and impact on state and federal legislative issues; statewide health projects that affect the health of all state citizens; *Alliance In Action* newsletter featuring county news and issues of concern to physicians' spouses; and educational conferences and leadership training.

As a special highlight, we were excited that MSMS sponsored our sail northward across the Mackinac Bridge to ports in the Upper Peninsula. The MSMS-A Executive Committee first docked in Escanaba and met with Delta County Alliance crew members. We then sailed on to our second port-of-call, Marquette. Here the committee members talked

with potential new members. We then ventured into uncharted waters and traveled to Sault Ste. Marie for our final docking. At each stop we presented the *Top Ten Reasons to Take Our MSMS-A Membership Cruise* and sang a special sea shanty to invite them to *Join Our Crew!* We encouraged them to let MSMS-A be their *Home Port* and let us help them smooth the rough seas of the medical family and health system reform. We distributed *Life savers* with our "join the crew" logo printed on them. We assured them that as fellow crew members, we could weather the year together.

We were so pleased that, as a direct result of this trip, we were able to welcome the **Marquette County Alliance** and the **Chippewa County Alliance** as new crew members. At the recent American Medical Association Annual Session in Chicago, we were recognized at a special reception for organizing these counties and for being the only state to form *two new county alliances!*

We invite *all of your spouses* to join the MSMS Alliance. **DON'T LET THEM MISS THE BOAT!**

MSMS Members On the Move



Nimisha B. Naik, MD, is a newly-appointed member of the St. John Hospital and Medical Center staff. Doctor Naik received her medical degree from Maharaja Sayajirav University Medical College in Baroda, India. She completed her residency in family practice from St. John Hospital and Medical Center in 1995.

Gregory L. Henry, MD, FACEP, chief, Department of Emergency Medicine, Beyer Hospital, Ypsilanti, is the newly-elected president-elect of the American College of Emergency Physicians (ACEP). His presidential year will begin in September 1995.

David R. Scrase, MD, has been appointed Mission Health vice president for primary care. In his new position, Doctor Scrase will develop a system-wide understanding of primary care and bring together physicians to provide primary care services to the communities Mission Health serves. Doctor Scrase has been associate head for education, Department of Internal Medicine, St. Joseph Mercy Hospital-Ann Arbor, since 1986. He also is a clinical assistant professor in the Department of Internal Medicine, University of Michigan.

Philip M. Margolis, MD, an Ann Arbor psychiatrist, has been re-elected to serve a three-year term on the Board of Directors of the Federation of State Medical Boards.

Roscoe Stuber, MD, a longtime Livingston County surgeon, has been appointed Community Liaison for McPherson Hospital, Howell. Doctor Stuber retired from active practice in 1994 and has served in several capacities at McPherson Hospital, including chief of staff, member of the Board of Trustees, chair of the Surgery Committee, member of the Advancement Committee and an LPN instructor.

Frank R. Lewis, Jr., MD, chair, Department of Surgery, Henry Ford Hospital, is the newly-elected first vice president of the American College of Surgery. Doctor Lewis will assume his new role in October 1995.



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Dan Cahill, MD, and Jeffrey Sanfield, MD, both members of the St. Joseph Mercy Hospital medical staff, have been named "1995 Employees of the Year." Doctor Cahill, of Ann Arbor, received the House Staff Award. A third-year resident in St. Joe's Academic Internal Residency program, Doctor Cahill was nominated for his volunteer efforts at the Neighborhood Health Clinic and his assistance in implementing the hospital's new patient care computer information system.

Doctor Sanfield, of Ann Arbor, received the Medical Staff Award. He has played a pivotal role in establishing the Hospital's Outpatient Diabetes Education Program, NutriCare Clinic and Foot Care Clinic.

Mark A. Zinea, MD, is a newly-appointed member of the St. John Hospital and Medical Center medical staff. A 1987 graduate of the Wayne State University School of Medicine, Doctor Zinea completed his residencies in family practice from Bon Secours and in internal medicine from St. John Hospital and Medical Center. He also completed a fellowship in cardiology from Providence Hospital.

Allen W. Jacobs, DO, an associate professor of osteopathic medicine and sports medicine, Michigan State University, has been appointed acting dean of the University's College of Osteopathic Medicine. Doctor Jacobs is a graduate of the Texas College of Osteopathic Medicine. He also has a PhD from the University of Iowa, and an MA and BA from Southern Illinois University. He is certified in osteopathic manipulative medicine and sports medicine by the American Osteopathic Associate Specialty boards.

Three physicians were recognized by their peers at the annual Wayne State University Medical Alumni Association Reunion and Clinic Day held in May. They are: **Jerry M. Linenger, MD**,

MSSM, MPH, PhD, Cmdr., Medical Corps., US Navy, and US astronaut, class of 1981; **Michael C. Perry, MD**, class of 1970; and **Eberhard Mammen, MD**. Doctors Linenger and Perry each received a Distinguished Alumni Award. Doctor Mammen received the Weiner Award which honors exceptional contributions of non-alumni to the School of Medicine through excellence in teaching, research and/or administrative duties.

Doctor Linenger, a native of Eastpoint, was selected last year from over 2000 qualified applicants to become a crew member on NASA's September 1994 space shuttle *Discovery* and traveled over 4.5 million miles during his 10-day journey circling Earth. He is currently in intensive training for a joint US/Russia program in which he will orbit the MIR space station conducting space microgravity and life science research.

Doctor Perry, a professor of medicine and director of the division of hematology and medical oncology at the University of Missouri-Columbia, is a nationally-recognized authority in the management of lung, breast and gastrointestinal cancers.

Doctor Mammen, of Grosse Pointe Woods, is a professor of physiology, pathology and obstetrics/gynecology at the WSU School of Medicine. He is a specialist in the physiology and pathology of blood coagulation and bleeding disorders. ■



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NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Alfonso Acosta, MD

7430 Second Ave
Detroit, MI 48202

EM

Mary Kay Balluff, MD

3025 Moss Ave
Keego Harbor, MI 48320

PD

Jeffrey B. Casamento, MD

245 Cherry St SE
Grand Rapids, MI 49503

U

Phillip E. Gleason, MD

21 Michigan St. NE #750
Grand Rapids, MI 49503

U

Kathleen Jone, MD
3550 Fourlanes Ave SW
Grandville, MI 49418

IM

Angela J. Liske, MD
1414 W. Fair #36
Marquette, MI 49855

FP

Daniel H. Macek, MD
1322 Ashover
Bloomfield Hills, MI 48304

DR

Thomas Melgar, MD
1000 Oakland Dr.
Kalamazoo, MI 49008

IM/PD

Keith J. Postma, MD
21 Michigan NE #520
Grand Rapids, MI 49503

OTO

Jarmina Ramirez, MD
5812 Applewood #702
West Bloomfield, MI 48322-3474

FP

Linda Rissman, DO
Radiation Oncology
4201 St Antoine
Detroit, MI 48201

RO

Peter M. Sorini, MD
22101 Moross Rd #380
Detroit, MI 48236

NS

Trissa Torres, MD
302 Kensington Ave
Flint, MI 48503-2000

PTX

Dinesh J. Telang, MD
18245 Ten Mile #130
Roseville, MI 48066

U

Kimberly G. Turke, DO
260 Jefferson Ave SE # 300
Grand Rapids, MI 49503

IM

Thomas J. Neverka, MD
4705 Towne Centre #303 GS/CCS
Saginaw, MI 48604

Charles E. Werner, Jr., MD
4011 Orchard Dr #3000 OBG
Midland, MI 48640

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OBITUARIES

Frederick W. Bald, III, MD

Kalamazoo

Frederick W. Bald, III, MD, a obstetrician and gynecologist, died April 7, 1995. He was 59. A 1962 graduate of the University of Michigan Medical School, Doctor Bald was affiliated with Bronson Methodist Hospital and a former associate clinical professor at Michigan State University College of Human Medicine. He was a member of Kalamazoo Academy of Medicine and MSMS.

Richard S. Donovan, MD

Detroit

Richard S. Donovan, MD, a retired obstetrician and gynecologist, died March 13, 1995. He was 81. A graduate of Wayne State University School of Medicine, Doctor Donovan was affiliated

with Providence Hospital. He was a member of Wayne County Medical Society and MSMS.

William T. Knapp, MD

Saginaw

William T. Knapp, MD, a retired radiologist, died April 11, 1995. He was 55. A 1964 graduate of the University of Michigan Medical School, Doctor Knapp was affiliated with St. Mary's Hospital. He was a member of Saginaw County Medical Society and MSMS.

Donald Nye Morgan, MD

Grosse Pointe Woods

Donald Nye Morgan, MD, a retired Grosse Pointe Woods obstetrician/gynecologist, died March 16, 1995, at the age of 82. A graduate of the Wayne State University School of Medicine, Doc-

tor Morgan was affiliated with both Harper Hospital and St. John Hospital. He was senior surgeon at both hospitals and chair of the department of OB/GYN at St. John in the 1950s. He was a member of the Wayne County Medical Society and MSMS.

Selma S. Moss, MD

Southfield

Selma S. Moss, MD, a retired allergist, died March 24, 1995. He was 85. A 1939 graduate of Wayne State University School of Medicine, Doctor Moss was affiliated with The Woman's, Children's and Sinai hospitals. Doctor Moss was a former Wayne County Medical Society board member. She was a member of Wayne County Medical Society and MSMS.

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OBITUARIES

Harold A. Ott, MD

Howell

Harold A. Ott, MD, a retired obstetrician/gynecologist, died April 10, 1995, at the age of 89. Formerly on the senior active staff, obstetrics/gynecology, at Crittenton, Herman Keifer and William Beaumont Hospitals, Doctor Ott was a member of the Wayne County Medical Society, MSMS and the AMA.

Andrew K. Payne, MD

Jackson

Andrew K. Payne, MD, a retired radiologist, died March 2, 1995. He was 84. A 1936 graduate of Wayne State University School of Medicine, Doctor Payne was affiliated with W.A. Foote Memorial Hospital. He was a member of Jackson County Medical Society and MSMS.

Kenneth J. Ray, MD

Trenton

Kenneth J. Ray, MD, a well-known Trenton general practitioner, died March 8, 1995, after a serious bout of lung cancer. He was 70. One of the founders of the Trenton Medical Center, Doctor Ray was medical director of the Downriver Blue Care Network from about 1985 until he was too sick to continue. Doctor Ray was on staff at Wyandotte Hospital and Medical Center, where he was president of the medical staff, director of medical education, staff executive committee chair, resident committee chair and death committee chair. He was also on staff at Seaway Hospital, Trenton. He was a founding physician and board member of Michigan Physicians Mutual Liability Co., and former chair of the company's underwriting committee. He was a member of the AMA and MSMS.

John Kools Winter, MD

Holland

John Kools Winter, MD, a retired general surgeon, died April 20, 1995, at the age of 86. A graduate of Rush Medical College, Chicago, Doctor Winter was a member of the Ottawa County Medical Society, MSMS and the AMA.

Morton I. Yarrows, MD

Southfield

Morton I. Yarrows, MD, a retired general practitioner, died April 8, 1995. He was 95. A 1924 graduate of Wayne State University School of Medicine, Doctor Yarrows was affiliated with Brent and Burton Mercy hospitals. He was a member of Wayne County Medical Society and MSMS. ■



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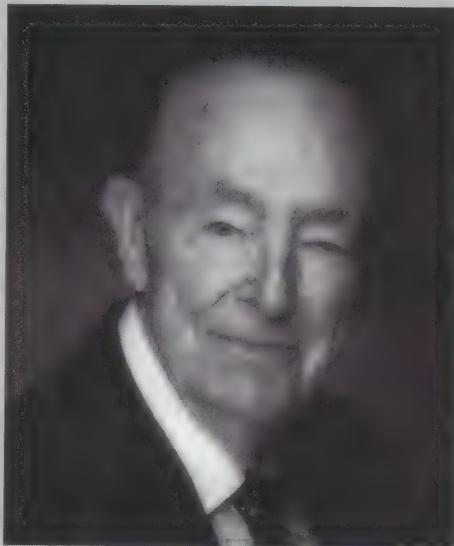
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1934 at Grace Hospital, Detroit, and began his medical practice in Charlevoix.

He is survived by his wife, Charlotte Saltonstall; two daughters, Constance A. Harper of San Diego, Calif., and Wendy S. Post of Charlevoix; and by four grandsons. Doctor Saltonstall was preceded in death by his brother, Richard.

The family suggests memorial contributions be made to the Charlevoix Area Hospital, Charlevoix Congregational Church, or to the charity of choice. ■

Remember your colleagues and loved ones

There isn't a more lasting and rewarding way to remember your colleagues and loved ones than by making a contribution in their memory to the **MSMS Health Education Foundation**. Contributions made to the MSMS Health Education Foundation help support numerous worthwhile community-based projects, such as CPR training, parent respite centers and language disability centers. Decide today to honor your colleagues or loved ones by making a contribution to the Foundation. For more information contact Dawn M. Reha, Executive Secretary, 120 W. Saginaw, East Lansing, MI 48823, (517) 336-7589.

CATEGORY I COURSES

AUGUST

9-10, Colonoscopy/Common Anorectal Disorders/Hemorrhoid Treatment. Location:

Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

11-12, EGD (Gastroscopy).

Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

11-14, Advances in Office Psychiatry: Mood and Anxiety Disorders. Location:

Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

13-16, Internal Medicine Update. Location:

Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12.0 hours of Category I Credit.

24-25, Colposcopy for the Primary Care Physician. Location:

Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909

Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

24-27, Cardiology Update.

Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

25, Intraoperative Facial Nerve Monitoring: A Tutorial and Hands-On Workshop. Location:

Providence Hospital, Southfield, Michigan. **Sponsor:** Wayne State University School of Medicine, Providence Hospital, WSU-OHEP CME Program, Michigan Ear Institute. **Contact:** OHEP Center for Medical Education, 21415 Civic Center Drive, #301, Southfield, Michigan, 48076-3954, (810) 354-2150, fax - (810) 354-0385. **Approved for:** 7.5 hours Category I Credit.

26, Vasectomy (No-scalpel technique). Location:

Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 5.5 hours of Category I Credit.

SEPTEMBER

11-16, Pediatric Board Review. Location:

Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School, Michigan Association of Pediatric Program Directors, Michigan Chapter, American Academy of Pediatrics. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgradu-

ate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 63.5 hours of Category I Credit.

14-16, Cancer Prevention and Screening. Location:

Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.0 hours of Category I Credit.

14-16, Suffering and Healing: Exploring the Connections Between Physicians and Patients. Location:

The Fetzer Institute, Kalamazoo, Michigan. **Sponsors:** American Academy on Physician and Patient, The Fetzer Institute, and the Michigan State University Kalamazoo Center for Medical Studies. **Contact:** Robert C. Smith, MD, Course Director, B306 Clinical Center, Michigan State University, East Lansing, Michigan, 48824, (517) 355-6516. **Approved for:** 14 hours of Category I Credit.

15-16, 17th Annual Cardiology Seminar. Location:

Kellogg Center, Michigan State University, East Lansing, Michigan. **Sponsor:** Michigan Medical Healthcare Continuing Medical Education, Michigan State University College of Human Medicine Continuing Medical Education Department. **Contact:** Michigan Capital Healthcare, Continuing Medical Education Department, 2025 S. Washington, Suite #320, Lansing, Michigan, 48910-0817. **Approved for:** 12 hours of Category I Credit.

21-22, Critical Clinical Issues in the Care of the Elderly: Geriatrics and Oral Health. Location:

Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:**

Continued on page 61

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James A. Goldstein, M.D.

Medical Director, Coronary Care Unit
William Beaumont Hospital

Fred Morady, M.D.

Professor of Internal Medicine
Division of Cardiology
Director, Electrophysiology Laboratory
University of Michigan

Ron Oren, M.D.

Medical Director
Heart Failure and Cardiac
Transplant Program
University of Iowa Hospital

Mark Rasak, D.O.

Clinical Instructor
Interventional Cardiology
University of Michigan
Staff Cardiologist,
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Michael R. Sayre, M.D.

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Cardiology 2000 will take place November 10, 11 and 12. It will feature world-renowned speakers and top regional experts. They will speak on multi-faceted topics — all carefully chosen for clinical relevance. The lectures will be of interest to Primary Care and Internal Medicine practitioners, Cardiologists and allied professionals. **Cardiology 2000** will include workshops, inter-active displays, and the MERCK audience response system — all planned to maximize education and understanding of the material.

Cardiology 2000 will be held at the Novi, Michigan Hilton and Conference Center. Special room rates are available. You can get the knowledge and CME credits you need, without the time-consuming expense of out-of-town travel. It's not too late for early registration discounts, but hurry — space is limited. Plan now to attend this important program.

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CATEGORY I COURSES

Continued from page 59

tact: Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400.

Approved for: 14.5 hours of Category I Credit.

27-28, Office Procedures for Primary Care Physicians: 7th Annual Workshop Course.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400.

Approved for: Category I Credit.

OCTOBER

5-6, Pediatric Critical Care

Anesthesia Conference. Location: Towsley Center, University of Michigan, Ann Arbor, Michigan.

Sponsor: University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 10 hours of Category I Credit.

6-7, OB Ultrasound. Location:

Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

12-13, Infection Control Conference. Location:

Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate

Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 11 hours of Category I Credit.

12-14, The Grand Rapids

22nd Annual International Symposium on Implant Surgery for the Hand, Upper Extremity, and Foot (including surgical demonstrations on live closed circuit color television). **Location:** Blodgett Memorial Medical Center, Grand Rapids, Michigan. **Sponsors:** The International Federation of Societies for Surgery of the Hand, the Dissemination of Knowledge Foundation, and Blodgett Memorial Medical Center. **Contact:** Alfred B. Swanson, MD, Blodgett Professional Building, 1900 Wealthy S.E., Suite #290, Grand Rapids, Michigan, 49506, (616) 774-0440, fax - (616) 774-8280. **Approved for:** 18 hours of Category I Credit.

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CATEGORY I COURSES

Continued from previous page

14, Care of the Terminally Ill.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 6.5 hours of Category I Credit.

19-21, The Seventh Annual Modern Perinatal Problems.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

20-22, Prostate: Its Diseases and Associated Conditions.

Location: Ritz Carlton Hotel, Dearborn, Michigan. **Sponsor:** The University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 15 hours of Category I Credit.

21, Current Initiatives in the Care and Treatment of Asthma.

Location: Dearborn Inn, Dearborn, Michigan. **Sponsor:** The University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 8 hours of Category I Credit.

26-28, Selected Hot Topics in Procedures.

Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

30-31, Child Abuse and Neglect: Prevention, Assessment, and Neglect.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12 hours of Category I Credit.

NOVEMBER

3-4, Colposcopy for the Primary Care Physician.

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tion: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

10-12, Cardiology 2000, The 11th Annual Allen Zieger Memorial Lecture Series. **Location:** Novi Hilton Hotel and Conference Center, Novi, Michigan. **Sponsor:** Botsford General Hospital. **Contact:** Symposium Coordinator, Botsford General Hospital, Medical Education, 28050 Grand River Avenue, Farmington Hills, Michigan, 48336-5933, (810) 471-8222, fax - (810) 471-8837. **Approved for:** 21.5 hours of Category I Credit.

16-17, Dermatologic Procedures. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland,

Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

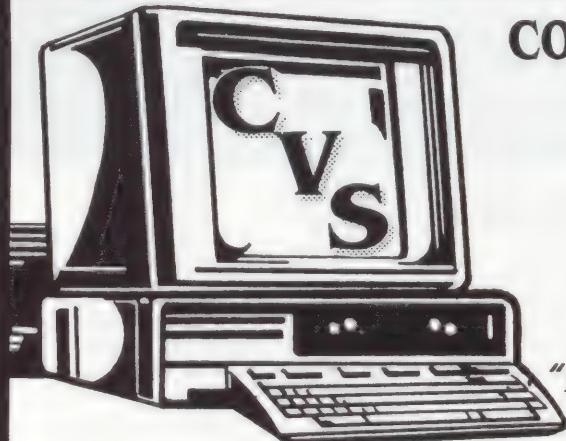
16-17, 4th Annual Women's Health Care. **Location:** Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School, Department of Family Practice and Department of Obstetrics and Gynecology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

18, Advanced Suturing. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 4.0 hours of Category I Credit.

18, Update on Helicobacter Pylori for the Office Based Practitioner. **Location:** Laurel Manor Conference Center, Livonia, Michigan. **Sponsor:** The University of Michigan Medical School, Department of Gastroenterology and Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 4 hours of Category I Credit.

DECEMBER

1-2, EGD (Gastroscopy) **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit. ■



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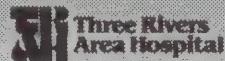
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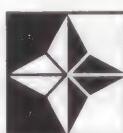
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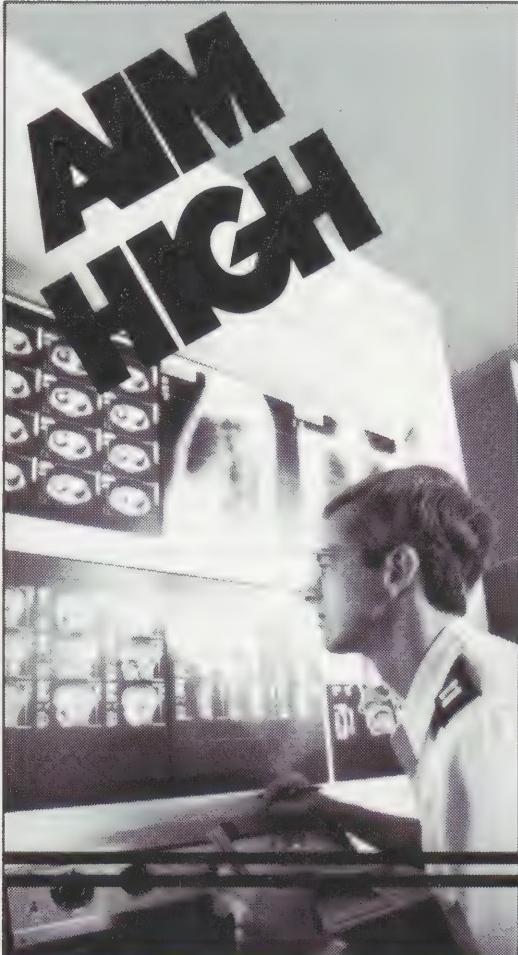
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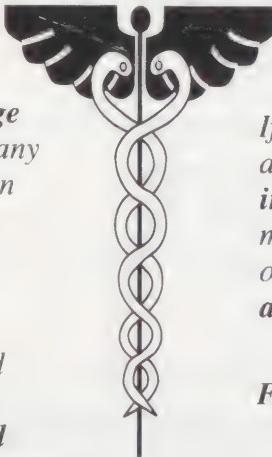
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ADVERTISER INDEX

ACT Computers	68	Meadowbrook	IBC	PICOM	IFC
Binson's	66	Medical Billing Corp.	25	Pinkus Dermatopathology Lab., PC ..	70
Botsford General Hospital	60	Medical Billing Service	2	Premier	69
Colonial Valley Software	63	MESSA	54	Professional Practice Sales	67
Curare	64	MI Book Store	71	Rossmann Martin & Associates	61
Davis Smith	70	MPMLC	BC	St. Francis	65, 66, 71
DMC Health Centers	65	MSMS Group Insurance Trust .	8-9	Sterling	67
Doctor Chiodo	65	Oakwood	67	Stratton Cheeseman & Walsh ...	39, 44
Harper Associates	64	OmniCare	40	Strelchek	68
Jirous Mgt. Grp.	55	PC Medical	48, 68	Three Rivers	66
LaSalle Medical Group	64	Physician Service Group	1	US Air Force	66
The Law Center	57	Physicians Leasing Co.	62	US Army	69
				Voyager Information Networks, Inc.	. 34

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PRESIDENT'S PAGE

Online technology can ease stresses when you put it to work for you

By B. David Wilson, MD

World Wide Web...E-mail...Hyper-text links...More and more, we're all hearing these phrases tossed around in conversations with our colleagues.

Maybe you're fluent in the jargon and usage of computer communication networks, or "online" services, and these phrases don't phase you. Or, perhaps you're beginning to venture into "cyberspace" and are exhilarated by the potential. Maybe, though, the language of computers makes your pulse race and leaves you feeling anxious and worried that you're missing out. As an "oldtimer" who has merely played with a computer, I tend to fall into the third category. The choices we now face with the rapidly changing technology can certainly add stress to our already busy lives.

As MSMS president, one of my goals is to acknowledge the pressures we face as physicians — whether personal or professional — and to help make us aware of ways to alleviate those pressures. This includes making physicians feel more at ease using computers and being able to use the tools of the information superhighway.

I am happy to tell you that groups within your state medical society are examining the causes and channeling the effects of our changing practice environment to help all of us keep control and balance in our lives.

The MSMS Committee on Technology in Medicine is currently studying the vast array of new communications tools available to us and will be most helpful to all of us in making informed choices, thus relieving some of the stress we may be feeling about computer technology.

Among the tools the Committee has analyzed is online communication. This issue of *Michigan Medicine* features the rapidly expanding Internet, a vast global network of information sources, available now to anyone on the planet with a fairly standard computer system. If you haven't had the opportunity to "surf" the Internet, this issue of *Michigan Medicine* will give you a taste of



the wide range of information you can find on the Internet. It's truly awesome. Our Committee on Technology, along with a growing segment of our membership, recognize the existing and emerging advantages of being "online," including, but hardly limited to sending and receiving electronic mail, or "e-mail"; having easy 24-hour access to important clinical databases; having the opportunity to conveniently voice an opinion to colleagues, legislators, organized medicine and others; getting answers in real-time discussions from reimbursement and regulatory ombudsmen; and registering for CME courses and ordering patient materials with a touch of a button.

With electronic links to every corner of the world, there are limitless topics available to you online. MSMS has created useful, physician-specific information sites, and made convenient links to valuable existing sites on MSMSNET, our medical society's online communications network for members. MSMSNET compares extremely well to other services, and offers unlimited Internet access for a flat monthly fee of only \$19.95. And access is via local phone call in most areas of Michigan.

The creation of MSMSNET ushers in a new era for all of us, connecting us to each other in a way never before possible.

I anticipate very good things from this technology: easy access to information, and easy access to our colleagues across the state. It has never been more important for us to work together for our patients, our profession, and for our own sense of satisfaction and well-being. If communications technology can help us do that, it will have accomplished much. ■

Editor's note: MSMS is scheduling introductory-level Internet training sessions across the state. See page 36 for details.

Doctor Wilson is MSMS president.

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VOL. 94, NO. 9

Award-Winning
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Physician Well Being

Also Included:

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Women in Medicine -
Part I

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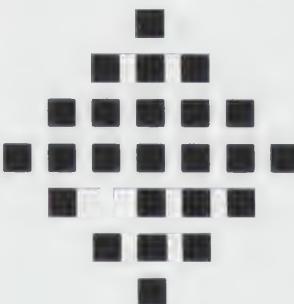
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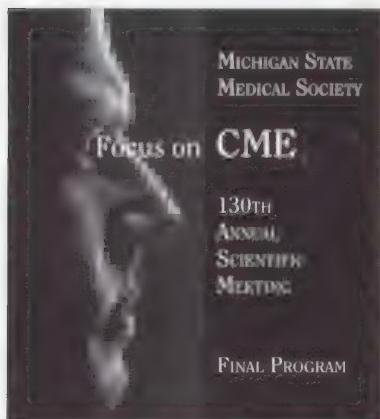


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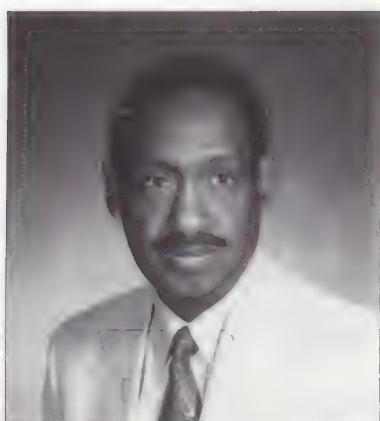
SEPTEMBER 1995 VOLUME 94, NO. 9



22



29



53

COVER STORY

- 22 Physician Well-Being.** "It's time for us to take care of ourselves." So says MSMS President B. David Wilson, MD, who has made the topic his presidential theme. This month's *Michigan Medicine* cover story begins with a report from James J. Miller, MD, on the vision and mission of the MSMS Committee on Physician Well-Being, which he chairs. Following his report are the stories of two physicians dealing with change: for one, it is retirement after 30 years of practice; for the other, it is the difficult transition from solo practice to a large managed care environment. In the months to follow, *Michigan Medicine* will continue to feature stories of individual physicians and their experiences with change.

FEATURES

- 9 Surfing the Net** This new monthly *Michigan Medicine* feature offers physicians practical "how-to" tips and timely information on using the Internet.
- 12 Names in the News** This new monthly *Michigan Medicine* feature acknowledges Michigan physicians who have been featured in newspaper articles on issues affecting medicine.
- 15 Michigan Supreme Court races: Physician involvement key** If you care about the future of medicine in Michigan, read this article. You may be surprised to learn that the Michigan Supreme Court rules when it comes to many key issues affecting medicine.
By Kevin A. Kelly and Ted Seitz
- 18 Women in Medicine - Part I** In celebration of "Women in Medicine Month," this feature addresses the effect leading women physicians have had on the practice of medicine in Michigan.
By Ralph D. Ward
- 29 1995 MSMS Annual Scientific Meeting Program Guide** A complete 22-page guide to 28 CME courses, two plenary sessions, special events, exhibits and more.
- 53 A Salute to Charles C. Vincent, MD** This feature recognizes the many accomplishments of Charles C. Vincent, MD, MSMS Board member and a respected Detroit obstetrician/gynecologist who, after a long and courageous battle with kidney failure, died July 13 at the age of 61.

DEPARTMENTS

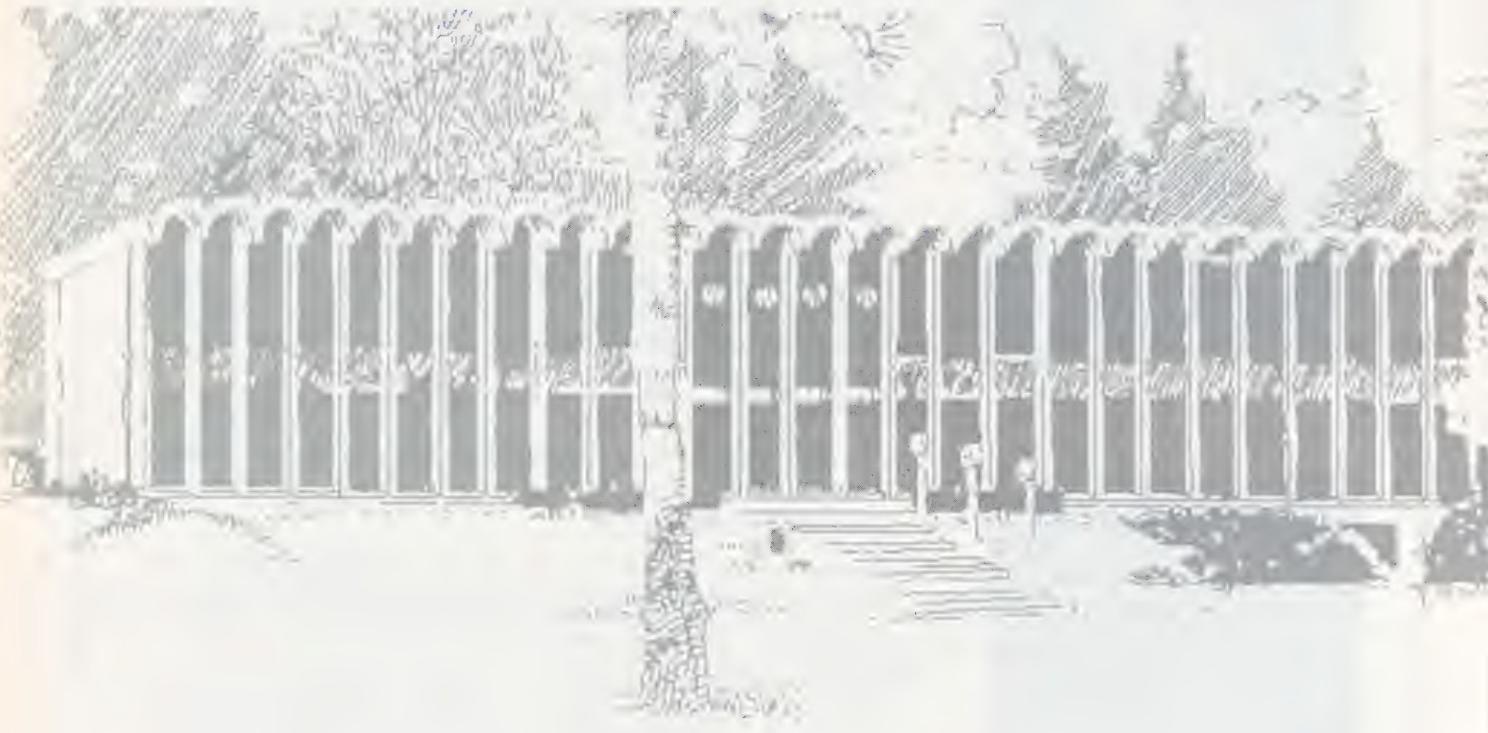
- 7** MSMS on the Move
11 Members on the Move
54 New Members
57 Obituaries

- 59** Board of Medicine Actions
61 Category I Courses
68 Classifieds
76 President's Page

In next month's issue: The Business Side of Medicine

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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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MSMS surveys Michigan health plans; Results will help doctors and patients

Michigan health plans are being asked to describe their work in a survey MSMS sent them last week. The survey covers eight areas of health plan operation which affect doctors and their patients. The eight areas are: corporate history and product lines; quality; physician qualifications; utilization management; appeals and grievance procedures; benefits and coverage limitations; reimbursement; and administrative efficiency. It's part of an evaluation of these plans that MSMS is developing to aid doctors in making contract decisions.

Progress on the survey will be reported to the MSMS Board of Directors at its Sept. 20 meeting. As results become available, MSMS will share the information with members through its various communication tools, including *Medigram*, *Michigan Medicine* and MSMSNET.

The Board at its midsummer meeting in July gave MSMS the go-ahead to create and send out the health plan survey, proposed by the MSMS Liaison Committee with Third Party Payers earlier this year.

For more information, please contact Mary Anne Ford at MSMS by e-mail at maford@MSMS.org or by phone at 517-336-5721. Also watch *Medigram* and MSMSNET for regular updates.

MSMS November seminar can help physicians determine impact of data on their practice

Outcomes measurement, report cards and patient satisfaction surveys are becoming increasingly important to the practice of medicine. Knowing this, MSMS has designed the "Outcomes Measurement Conference," slated for November 16-17 at the Ritz Carlton, Dearborn. Cosponsored by Michigan Health Care Education and Research Foundation, Inc., and Blue Cross Blue Shield of Michigan, the conference will help attendees to evaluate how each of these initiatives will affect their practice, and their relationships with patients and payers.

The keynote speaker is John Wennberg, MD, MPH, director of the Center for Evaluative Clinical Sciences at Dartmouth Medical School. Moving beyond his pioneering work on small area analysis, Doctor Wennberg has linked practice variation to patient outcomes through clinical trials evaluating both short and long-term outcomes. Other speakers will cover outcomes measurement in inpatient/outpatient settings, provider use of outcomes data and practice guidelines, government initiatives, severity adjustment and employer perspectives.

Registration is \$225 for members and \$375 for non members. Call (517) 336-5769 to register.

Physicians invited to take advantage of special computer offer

Physicians interested in going on line, but who need to purchase or upgrade their computer, are encouraged to take advantage of a special offer exclusively for MSMS members for computers, printers, multimedia kits, and notebook computers. These systems include all the hardware a user needs to start driving down the information superhighway with MSMSNET.

For more details, call Therese Guth, the MSMS/USA Flex computer consultant at 1-800-515-0060 between 8 a.m. and 5 p.m. Monday through Friday.

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517-337-1351.

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SURFING THE INTERNET

By Nicholas J. Lekas, MD

Welcome to "Surfing the Internet," a new monthly Michigan Medicine feature which offers physicians practical "how-to" tips and timely information on using the Internet. If you have a specific question regarding the Internet or MSMSNET, contact Andrew T. Clay at MSMS via E-mail at aclay@msms.org or by phone at (517) 336-7601.

Learn to surf the Internet at these sites

Learn to surf the Internet via MSMSNET at training sessions scheduled for this fall, including one at the MSMS Annual Scientific Meeting. Dates scheduled at press time include:

- September 27, 5:30-8:30 p.m., Oakland County Medical Society headquarters
- October 10, 5:30-8:30 p.m., Wayne County Medical Society headquarters
- October 25, 5:30-8:30 p.m., Oakland County Medical Society headquarters
- November 4, 8:30-11:30 a.m., MSMS Annual Scientific Meeting, Lansing Center, Lansing

David R. Rovner, MD, chair, MSMS Committee on CME Programming and an experienced Internet user, will share his perspectives with participants. For details, or to register, call (517) 336-5797, or E-mail Andrew T. Clay at aclay@msms.org.

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Remember the rally? Your recollections and ideas are requested

See a special link on the MSMSNET Home Page this month connecting you with images of the 1985 Rally for Liability Reform at the Capitol, and a poll asking for your recollections, ideas, and predictions

for the future of medicine in Michigan. Your input will become part of the Rally Anniversary Celebration to be held at MSMS headquarters October 19. For more information, contact Judy Marr at (517) 336-5744 or E-mail her at jmarr@msms.org.

Download free software

If you have ever attempted to download a file, you have probably encountered a .ZIP extension. It is not your normal everyday file, but rather a file consisting of anywhere from one to a hundred or more files that have been compressed into one file. This is done to make downloading software fast and easy. The smaller zipped file takes a fraction of the time it would take to download all the files individually in their uncompressed form.

Unfortunately, the file is unusable in its zipped form. "Zipped" files need to be "unzipped." This can be done using the shareware software PKZIP. PKZIP is a program that allows you to zip and unzip files. You can download PKZIP from many locations on the Internet for free.

To download PKUNZIP use the following URL:
<ftp://krumsee-pc.acs.ohio-state.edu/gopher/software/dos/pk204g.exe>

If you are using Netscape, select *save to disk* when it asks how to handle this file. Be sure to make a note of which directory the file is saved in.

After downloading, simply run the file, and it will self-extract the PKZIP collection of programs. View the **readme.doc** file to learn more about the program you just downloaded. Now with the first tool in your software downloading library, you may begin downloading any of the thousands of free software programs available on the Internet. ■

Doctor Lekas is chair of the MSMS Committee on Technology in Medicine. He may be contacted via E-mail at nlekas@msms.org

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MSMS Members On the Move



Alfred B. Swanson, MD, was honored as "Pioneer in Hand Surgery" at the 6th International Congress of the International Federations of Societies for Surgery of the Hand, July 3, 1995, Helsinki, Finland. He served as secretary general of this organization from 1977 to 1983, president from 1983 to 1989, and currently serves as historian.

Jeffrey Devries, MD, associate chair of pediatrics, Henry Ford Medical Group, is serving a two-year term on the Board of Directors of the Ambulatory Pediatric Association. He also is chair of the Association's Education Committee.

Frank R. Lewis, MD, chair of surgery, Henry Ford Medical Group, is the first vice president of the American College of Surgery. He also has been elected to the American Board of Surgery for a six-year term.

Bruce K. Muma, MD, is Northeast Regional Medical Director, Henry Ford Medical Group. He served as interim region medical director for the past year. He has been the physician-in-charge at Warren Medical Center since 1991 and medical director of managed care services since 1993.

Donal O'Leary, MD, associate professor of physiology, Wayne State University School of Medicine, is a newly-elected fellow of the cardiovascular section, American Physiological Society, for the quality of his contributions and commitment to physiological research.

Maurice Budow, MD, is the newly-appointed medical director of the Saline Evangelical Home, Saline. Saline Evangelical Home, which is licensed for 215 skilled nursing beds and has 28 rooms for the aged, is one of four facilities owned by Evangelical Homes of Michigan based in Detroit. ■



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NAMES IN THE NEWS

Editor's Note: *Michigan Medicine* is pleased to debut *Names in the News*, a new monthly feature which acknowledges Michigan physicians who have been featured in recent newspaper articles on a variety of issues affecting medicine. The following list was compiled by Kevin Prince, an MSMS media relations intern, who is currently studying health communications at Grand Valley State University. If you come across some *Names in the News* in your local newspaper, or any other newspaper you may read, please send a copy of it to: Dave Fox, chief of media relations, PO Box 950, East Lansing, MI 48826-0950.

Eugene S. Austin, MD, an Owosso internist, was recognized for his 50-Year Service Award from MSMS in the May 9 issue of *The Argus Press*.

Robert Bahra, MD, a Mackinaw City psychiatrist, was recognized for his 50-Year Service Award from MSMS in the May 9 issue of *The Petoskey News-Review*.

Jack L. Barry, MD, a Saginaw family practitioner and immediate past president of MSMS, showed his concern for "weeding out" the bad doctors with a complaint form for citizens featured in the March 2 issue of *The Saginaw News*.

Maxwell D. Bentley, MD, a Cadillac ophthalmologist, was featured in the May 17 issue of *The Traverse City Record-Eagle* for his 50-Year Service Award from MSMS.

A. Peter Brachman, MD, an Allegan family practitioner, was recognized for his 50-Year Service Award from MSMS in the May 11 issue of *The Allegan County News and Gazette*.

Howard A. Brody, MD, an East Lansing family practitioner and medical ethicist, was featured giving his views on physician-assisted suicide in the May 14 issue of *The Detroit News and Free Press*.

B. Douglas Campbell, MD, a Battle Creek neurologist, was recognized for becoming the new vice president of the Calhoun County Medical Society in the May 15 issue of *The Battle Creek Enquirer*.

Byrne M. "Bus" Daly, MD, a Jackson general surgeon, was recognized for his Community Service Award from MSMS in the April 15 issue of *The Jackson Citizen Patriot*.

Peter A. Duhamel, MD, a Rochester Hills general surgeon and chair of the MSMS Board of Directors, was featured with comments on physician-assisted suicide in the May 15 issue of *The Eccentric Newspaper*.

Arthur F. Dundon, MD, a Traverse City psychiatrist, was featured in the May 17 issue of *The Traverse City Record-Eagle* for his 50-Year Service Award from the MSMS.

Donald N. Fitch, MD, an Escanaba family practitioner, was recognized for his Community Service Award from MSMS in the April 3 issue of *The Delta Reporter*.

James O. Galles, MD, a Coloma emergency medicine specialist, was recognized for his 50-Year Service Award from MSMS in the May 19 issue of *The St. Joseph Herald-Palladium*.

Philip Glotfelty, MD, a Marshall general surgeon, was recognized for his Community Service Award from MSMS in the April 2 issue of *The Battle Creek Enquirer*.

Elizabeth A. Gurden, MD, an Owosso general practitioner, was recognized for her 50-Year Service Award from MSMS in the May 9 issue of *The Argus Press*.

John W. Hall, MD, a Petoskey urologist and member of the MSMS Committee on Physician Well-Being, spoke on physician work-related stress in the April 16 issue of *The Traverse City Record-Eagle*.

J.G. Den Hartog, MD, a Holland general surgeon, was featured in *The Reminder Newspaper* on April 11 concerning his recognition on Doctor's Day.

H. Sidney Heersma, MD, a Kalamazoo pediatrician, was recognized for his Community Service Award from MSMS in the April 23 issue of *The Kalamazoo Gazette*.

James R. Hines, MD, a Saginaw obstetrician/gynecologist, was recognized for his Community Service Award from MSMS in the April 1 issue of *The Bay City Times*.

Maurice E. Hunt, MD, a Fairgrove family practitioner, was recognized for receiving the Frederick and Besse Moulton Plessner Memorial Award from MSMS in the May 10 issue of *The Tuscola County Advertiser*.

Jeffrey M. Jones, MD, a Battle Creek neurologist, was recognized for becoming the new 3rd District Director to the MSMS Board of Directors in the May 15 issue of *The Battle Creek Enquirer*.

J.C. Kim, MD, a Battle Creek radiation oncologist, was recognized for becoming the new president-elect of the Calhoun County Medical Society in the May 15 issue of *The Battle Creek Enquirer*.

Donald H. Kuiper, MD, a Lansing internist, gave remarks about Michigan physician discipline in the April 13 issue of *The Detroit Legal News*.

Larry Lawhorne, MD, an Alma family practitioner and chair of the MSMS Committee on Aging, spoke about elder abuse and the new guide published by MSMS in the May 11 issue of *The Lansing State Journal*.

Richard E. Lininger, MD, a St. Joseph pathologist, was recognized for his 50-Year Service Award from MSMS in the May 19 issue of *The St. Joseph Herald-Palladium*.

Theodore J. Lukens, MD, a Flint psychiatrist, was recognized for his 50-Year Service Award from MSMS in the May 12 issue of *The Flint-Genesee Co. Legal News*.

Asuncion Q. Luz, MD, an Adrian pediatric allergist, was featured in the March 12 issue of *The Daily Telegram Newspaper* regarding the outlining of her profession with her patients.

James J. Miller, MD, a Lansing internist and chair of the MSMS Committee on Physician Well-Being, gave remarks on physician work-related stress in the April 16 issue of *The Traverse City Record-Eagle*.

E. Grant Murphy, MD, a Grand Blanc pathologist, was recognized for his 50-Year Service Award from MSMS in the May 12 issue of *The Flint-Genesee Co. Legal News*.

Bashar I. Nakhleh, MD, a Port Huron internist, was recognized for his Community Service Award from MSMS in the May 4 issue of *The Times-Herald*.

Thomas C. Payne, MD, an East Lansing radiologist and chair of the MSMS Task Force on Family Violence, spoke on MSMS's new guide, "Reach Out: Intervening in Elder Abuse," in the May 13 issue of *The Oakland Press*.

Sudarshan R. Reddy, MD, a Clinton Twp. plastic surgeon, was featured in the April 12 issue of *The Clinton-Macomb Chronicle* for receiving a Community Service Award from MSMS.

Jordan C. Ringenberg, MD, a Caledonia otolaryngologist, was recognized for his 50-Year Service Award from MSMS in the May 9 issue of *The Middleville Sun*.

Walter Z. Rundles, MD, a Flint ophthalmologist, was recognized for his 50-Year Service Award from MSMS in the May 12 issue of *The Flint-Genesee Co. Legal News*.

Russell G. Sandberg, MD, a Flint urologist, was recognized for his 50-Year Service Award from MSMS in the May 12 issue of *The Flint-Genesee Co. Legal News*.

Jack F. Sanders, MD, an Alma internist, was recognized for his 50-Year Service Award from MSMS in the May 14 issue of *The Alma Morning Sun*.

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Robert S. Schindler, MD, a Berrien Center general surgeon, was recognized for his Community Service Award from MSMS in the April 12 issue of *The Berrien County Record*.

James W. Skinner, MD, a St. Joseph pediatrician, was recognized for his 50-Year Service Award from MSMS in the May 19 issue of *The St. Joseph Herald-Palladium*.

Stephen L. Smiley, MD, a Battle Creek internist, was recognized for becoming the new president of the Calhoun County Medical Society in the May 15 issue of *The Battle Creek Enquirer*.

Robert M. Soderstrom, MD, a Flint dermatologist, was featured in the March 31 issue of *The Flint-Genesee Co. Legal News* for his Community Service Award from MSMS.

Adelbert L. Stagg, MD, a Hartford general practitioner, was recognized for his 50-Year Service Award from MSMS in the May 19 issue of *The St. Joseph Herald-Palladium*.

Lionel Swan, MD, a Southfield general practitioner, was recognized for his Community Service Award from MSMS in the May 5 issue of *The Michigan Catholic Newspaper*.

John H. Tanton, MD, a Petoskey ophthalmologist, recipient of an MSMS Community Service Award for his concerns for environmental protection, was featured in the April 12 issue of *The Torch Newspaper*.

Arthur L. Tuuri, MD, a Flushing pediatrician, was recognized for his 50-Year Service Award from MSMS in the May 12 issue of *The Flint-Genesee Co. Legal News*.

Paul A. Walk, MD, a Battle Creek family practitioner, was recognized for becoming the new secretary-treasurer of the Calhoun County Medical Society in the May 15 issue of *The Battle Creek Enquirer*.

B. David Wilson, MD, a Kalamazoo allergist, was recognized for his installment as the 130th president of the Michigan State Medical Society in the May 8 issue of *The Kalamazoo Gazette*. ■

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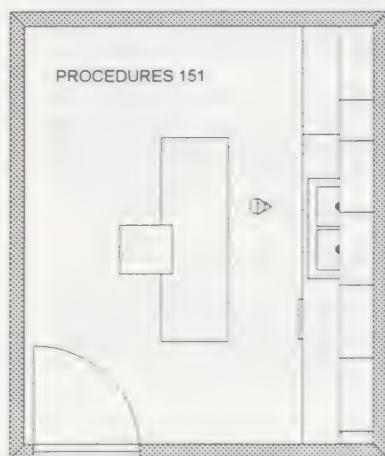
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MICHIGAN SUPREME COURT RACES: Physician Involvement Key

By Kevin A. Kelly and Ted Seitz

If you care about the future of medicine in Michigan, read this article. It may surprise you to learn that the Supreme Court rules when it comes to many key issues affecting medicine.

Just as people seeking real estate know the importance of "location, location, location," with medical issues under challenge, doctors will constantly be hearing "Supreme Court, Supreme Court, Supreme Court."

In the future, the Michigan medical profession will be shaped more by the proceedings of our courts than by legislation. So says MSMS Legal Counsel Richard D. Weber, of Kerr, Russell & Weber, Detroit. At first glance, this may seem to be an exaggeration of the Court's power over the medical community. After all, Michigan's Supreme Court has remained a largely unnoticed entity on the political scene, relegated to rare editorial pieces in the news media. Regardless, the judiciary branch of government is important *and* powerful. Note the following example.

In 1993, the Michigan State Medical Society proudly stood by Governor John Engler as he signed a landmark medical liability reform bill into law (see photo at right). It was a dramatic victory for MSMS and its 12,000 physician members in the war against the ever-spiraling costs of medical liability lawsuits. MSMS, along with a broad-based support network known as the Michigan Medical Liability Reform Coalition,

worked hard to pass the law. Coalition members ranged from the Michigan Association of Osteopathic Physicians & Surgeons, Michigan Hospital Association and Michigan Dental Association to the Michigan Chamber of Commerce, Michigan Farm Bureau and the Michigan Insurance Federation. The Coalition did many things right, from conducting a grassroots campaign on the

liability reform issue, to successful lobbying within both chambers of the Michigan legislature to ensure that the bill would contain provisions which would emphatically hamper unreasonable lawsuits against physicians. The Michigan Trial Lawyers Association (MTLA) was scrambling for cover. It had taken over seven years, but MSMS had finally won the legislative battle.



On July 8, 1993, Governor Engler signed Senate Bill 270 into state law, which took effect April 1, 1994. The statute provides much-needed relief to Michigan's medical liability system but is now being challenged in the courts. Joining Governor Engler (seated) at the bill signing were (left to right) MSMS Board member Charles C. Vincent, MD; Board Chair W. Peter McCabe, MD; President Gilbert B. Bluhm, MD; MSMS Legal Counsel Richard D. Weber; Immediate Past President Thomas C. Payne, MD; and Task Force on Professional Liability Chair Thomas E. Stone, MD.

Continued on next page

This victory, however, hardly had set in before the law was being challenged in the courts by MTLA, who had ample ground to believe that shelter would eventually be found within the safe confines of the Michigan Supreme Court. Afterall, for years the MTLA had worked hard through effective campaigning to ensure that a court favorable to its views could be maintained. Thus, as the MTLA began zealously fighting the liability reform law with unparalleled fervor at the lower court level, it knew that a challenge to the liability reform law would eventually come before the Michigan Supreme Court, which might, in turn, overturn the law and send medical and other interests back to the drawing board for another frustrating round of legislative cat and mouse.

Therefore, just as it is evident that just as many people seeking real estate know the importance of "location, location, location," with the medical liability reform law and other health care issues under challenge, doctors constantly will be hearing "Supreme Court, Supreme Court, Supreme Court." That is why we have created the Alliance for Judicial Accountability (AJA).

Education key role of Alliance

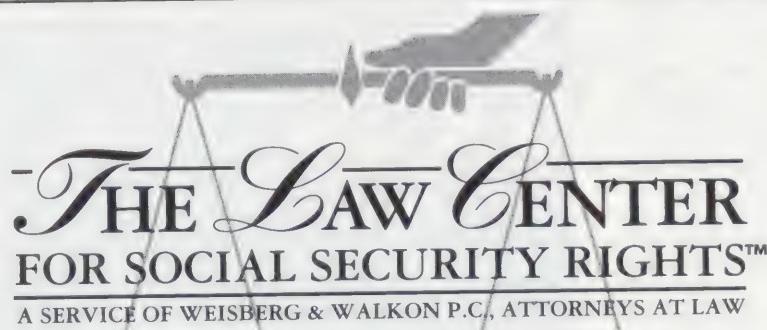
The AJA is an educational alliance organized to educate members about the candidates running for the Supreme Court, their past rulings on other courts, their supporters and opponents, and the process by which candidates are elected. During the 1993-94 election cycle, AJA distributed thousands

of fliers, interviewed candidates and attempted to educate voters about the best candidates for Michigan's highest court.

Yet, education is only one step in the process. Although the AJA is the primary component in the medical profession's attempt to help shape a court which is aware of the impact of laws on patients and physicians (the election of AJA-endorsed Justice Elizabeth Weaver to the Court last year was a major victory toward that endeavor), in 1996, an aggressive fundraising campaign is needed to effectively counter the inroads of the MTLA.

Coalition to provide financial clout

Justice for Michigan's Citizens (JFMC) is the kind of activist organization that MSMS needs to ensure that Michigan's medical



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liability law is not nullified. It is composed of the groups that originally formed the AJA as well as other groups throughout the state. Its primary goal is to act as an effective fundraising coalition in an attempt to equalize the funding gap with the MTLA. To accomplish this, a statewide donor network will be set up which will provide funding for those judicial candidates endorsed by the JFMC.

In Michigan, justices are nominated by their respective parties, but placed on a non-partisan ballot. This tends to cloud campaigns for Michigan's highest court. In the past, the most powerful donor has been the MTLA, but there is no reason why the medical and business communities cannot flex their collective muscle in the vote for the Michigan Supreme Court. Together, we can form a solid back-

bone of support throughout the state for qualified Supreme Court candidates.

Liability one of several key issues on Court's agenda

There are many vital issues for the medical profession other than liability which will land in the hands of the Court. For example, such issues as **ERISA pre-emption, confidentiality of peer review, scope of practice, and the right to die** are scheduled to appear on the Court's agenda.

It is time for all physicians to realize the Michigan Supreme Court "holds within its hands the destiny of so many issues that are important to our professional well-being," says Peter A. Duhamel, MD, chair, MSMS Board of Directors. "We must do all that we can to ensure that our interests are represented within its ranks."

In 1996, two seats on the Michigan Supreme Court will be up for grabs. An effective grassroots network spearheaded by MSMS and its membership could produce a court with a definite mindset favorable toward the concerns of patients and medicine.

We must make sure that as the role of the courts continues to grow, Michigan's medical profession does not get hopelessly left behind picking up the pieces of the legislation it worked so hard to pass into law.

For more information on how to get involved in Michigan's Supreme Court race, either through AJA or JFMC, contact Donna W. LaGosh, chief of legislative affairs, at MSMS at (517) 336-5788. ■

Kevin A. Kelly is managing director of MSMS. Ted Seitz is a student intern with the MSMS Executive Office.

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What effect are women physicians having on the practice of medicine in Michigan? *It depends on who you ask*

By Ralph D. Ward

Editor's note: In celebration of "Women in Medicine Month," this article features comments from some of Michigan's leading female physicians.

The effect women have had on the practice of medicine in Michigan — and the effects on women practitioners themselves — cover a wide range of opinion. From those who see a profession revolutionized by the great influx of female physicians, to those who see a field with much yet to accomplish, women physicians bring a diverse range of views.

Sheer numbers are the biggest challenge women have brought to medical practice, according to Susan H. Adelman, MD, a Detroit pediatric surgeon who served as the first woman president of MSMS in 1990. "The most obvious [change] is the proportion of women in medicine," says Doctor Adelman. "Now, over 50 percent of many [students] entering [medical school] classes are female." But numbers tell only part of the story. "A big change is the willingness of women to go into surgical specialties," Doctor



Susan H. Adelman, MD

Adelman adds. "When I was in training, I was always the first woman everyplace, but now women are everywhere."

Everywhere, yes, but still often in the less desirable areas of medical practice. "I think women are more likely to work with disadvantaged populations, and are more apt to work for less money, or take the hard and dirty jobs," explains Doctor Adelman. "I see women assigned to some of the more thankless jobs in surgery, like emergency and trauma coverage, where they're subject to call at all hours, and where there is a lack of ongoing relationships with patients. There are several women who are the work-horses of several-person practices, but are paid less."

Although women in medicine have found themselves on the short end in some practices, Doctor Adelman also sees them as more willing to accept innovative practice arrangements in managed care and HMOs. "Young physicians adapt better than the old, and more females are among the young." She also notices that female physicians seem more willing to consider employed physi-

cian situations. Likewise, she has found female doctors bringing some new values to the practice of medicine, and new priorities. "Though I don't see a lot of gender difference, women may be inclined to spend longer time with patients. We may be less authoritative, more ready to listen, and more inclined to get a buy-in from the patient before proceeding."

Doctor Adelman finds that women also bring a fresh set of values to how they practice medicine. "Women physicians used to have to just kill themselves to be the very best, foregoing families and such," she says, "but I think the pressure has been greatly reduced. Young women in medicine are now having lives, having husbands and children."

Balance between work & family key

This insistence on "having a life" is one of the marks Cathy O. Blight, MD, a Flint pathologist and member of the MSMS Board of Directors, also has noticed. "Women are concerned about



Cathy O. Blight, MD

trying to strike a balance between medicine and their families, and their lives. I see women taking a more serious look at their practice arrangements, to best bring balance to their lives, as opposed to some of the men who don't seem as concerned." Doctor Blight sees women as being more amenable to managed care and employed care situations, due to the more regular hours such arrangements offer. She is certain that "as we get more women into medicine, things are going to change."

However, such change at the upper levels of medicine remains elusive, according to Marguerite R. Shearer, MD. An Ann Arbor family physician and medical director of Preferred Choices PPO, Doctor Shearer brings special insight to the status of women physicians in the upper administrative levels of medicine. "I don't see a predominance of women in physician executive positions, although there is surely an increase in activity," she says. "I don't know what the ratio [of female medical executives] is, but I'm certain it's not a representative number." Despite large numbers of women in such specialties as family practice and ob-gyn, Doctor Shearer does not yet see women breaking through in great numbers as administrators for these areas.

Effect on medicine positive

The effect that women are bringing to the practice of medicine, though subtle, is what most impresses Dorothy M. Kahkonen, MD, a Detroit endocrinologist and member of the MSMS Board

of Directors. "I've seen a little more flexibility in scheduling and hours and a willingness to share on-call schedules," she says. "But

women seem to also have more of a life outside medicine, and most still have responsibility for home and family." These interests beyond doctoring seem to be infiltrating the practice of medicine in general, bringing less intense hours and more concern for family inter-

ests for all. "This is probably good for medicine in general," says Doctor Kahkonen. "Just because 'we always did it that way' doesn't mean such a life is necessarily the best. A less intense schedule is good for medicine in general. Women's expectations are different today. They're still committed to their careers, but they want a life outside of medicine, too."

Changes may be tentative

Many female physicians see any changes as tentative, though, and question the depth of women's acceptance in medicine. "I'm not sure the medical profession is according women the same status, or taking them as seriously as men," observes Rhoda M. Powsner, MD, JD, MPH, an Ann Arbor cardiologist and member of the MSMS Board of Directors. "The inroads may not be as real as they seem, and I'm not sure we don't just keep reinventing the wheel," she says. "I see large numbers of women entering medicine, but what will the

result be? Twenty percent of medical graduates in Boston in 1900 were women, but by 1940 the number had fallen to five percent. I'm not optimistic," Doctor Powsner sees a sign of trouble for women in national health care reform trends. "People are paying a lot of attention to women's illnesses, but then we see the benefits being cut. A prime example is childbirth reimbursement. The length of hospital stays for childbirth has been cut in some cases to as little as two to six hours after delivery. Some legislatures have had to pass laws mandating stays of no less than 48 hours. I'm very concerned."

Impact undeniable

Yet the power, and numbers, of women medical graduates is having an undeniable impact. Margaret Z. Jones, MD, professor of pathology, Michigan State University College of Human Medicine, is seeing this influx of graduates working its way back

into the medical training system. "There are more women medical school faculty and attending physicians now," says Doctor Jones. "This lets women [medical] students see women in positions of authority. Women faculty are especially effective as mentors and role models. Interacting with someone who has 'done it' makes the impossible seem pos-



Marguerite R. Shearer, MD



Rhoda M. Powsner,
MD, JD, MPH



Dorothy M. Kahkonen, MD

Continued on next page

sible for 'physicians in progress' and residents." Doctor Jones has also found this role modeling affects male students. "This is not gender specific. Men who have had women mentors, physicians and teachers are influenced to work more equally with women when they start their careers."

Doctor Jones also sees a lack of women in the administrative and research areas. "Most women physicians are still in the nurturing roles of education and practice," she says. "For example, very few women in medicine are executives or physician/scientists. After their training, young women in medicine are setting high goals, but facing some old challenges."



Margaret Z. Jones, MD

A different style

"About 40 percent of my medical class was women, and now it's more like 60 percent," recalls Wendy Larson, MD, a Detroit neurologist who recently completed her residency. As a new practitioner, she brings fresh insights to the changes women are bringing to medicine. "Women may have a different style that women patients find appealing," she says. "This can be a problem for older patients, though, who perceive 'doc' as an old guy with white hair." Doctor Larson has seen women become the dominant force in some specialties, such as pediatrics and obstetrics. "I have a (male) friend

who specialized in ob/gyn and he's having trouble finding a job."

Doctor Larson observes that the large number of young married women with medical careers has created a problem rarely seen in the days of "doctor's wives:" dual-career headaches. "It's becoming more and more of an issue with dual career families, trying to balance family, marriage and career." She has dealt with such issues as a member of the House Officers Association at the University of Michigan, and started a "Women in Orthopedics" support group.



Wendy Larson, MD



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Doctor Larson's greatest concern for women in medicine relates to the future, and the potential effect of cuts and redeployment in medical school funding. "I'm concerned that the funding emphasis will be on primary care, and I'd hate to see limits on choice."

Practice priorities different

Tama D. Abel, MD, an Ann Arbor family physician and member of the Michigan Delegation to the AMA, is another younger physician who sees the tide of young women doctors bringing change to practice priorities. "One of the things I'm seeing is more group practice, and more willingness to share calls and share hours." An employed physician herself, Doctor Abel notes that the "flexibility" of female

Tama D. Abel, MD



physicians makes them more amenable to employment relationships. "Women, and all younger physicians, are more willing to look into employed status, as

well as HMOs," she says. "We have so many things to juggle already, I think we're more likely to consider half-time and three-quarter time situations." ■

Ralph Ward is a Riverdale-based freelance writer.

Women in Medicine - Part II

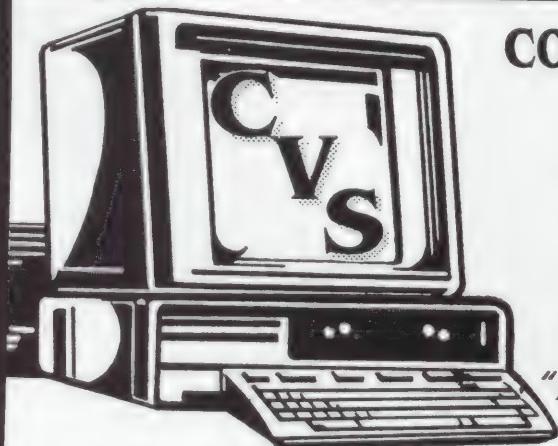
The October issue of Michigan Medicine will continue this special report on women in medicine. Included will be a report from the chair of the MSMS Committee on Concerns of Women Physicians. Scientific studies of the impact of women on the practice of medicine will be analyzed in a future issue of Michigan Medicine.

Women physicians conference slated for Sept. 29

The MSMS Committee on Concerns of Women Physicians is sponsoring a 1995 Women Physicians Conference on "Strategies to Secure Your Future," which will be held September 29, 1995 at The Dearborn Inn,

Dearborn. Cost of the conference, which will be held from 2:00 p.m. to 9:00 p.m., is \$55 per person for members and \$75 per person for nonmembers.

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Physician Well-Being It's time for us to take care of ourselves

By B. David Wilson, MD



Over the last several months as your president-elect and now, president, I have made physician well-being my focus.

I described my concerns with well-being in my presidential address last May, and I have written on the subject for my president's pages in this magazine. You also may have heard me address well-being topics at meetings you have attended.

I have been meeting with the MSMS Committee on Physician Well-Being over the past six months. I am impressed with the commitment of chair, James J. Miller, MD, and of the committee members. They truly are dedicated to assisting Michigan physicians in making their way as smoothly as possible through life's vicissitudes.

I believe well-being is an area that has been overlooked in the past, to the detriment of our colleagues as individuals, our profession and our patients. With the unsettling processes of managed care making inroads into traditional practice patterns, we need to tend to our well-being more than ever.

It is a most important area. I believe that if we can discuss our problems, acknowledge that life is sometimes tough, and share helps and resources with each other, we can build a stronger, more resilient physician community.

This month's *Michigan Medicine* cover story begins with a report from Doctor Miller on the vision and mission of the MSMS Committee on Physician Well-Being. Following his report are the stories of two physicians dealing with change: for one, it is retirement after 30 years of practice; for the other, it is the difficult transition from solo practice to a large managed care environment. Each story points out the stresses, the tough aspects of change. At the same time, they offer hope and encouragement.

In the months to follow, *Michigan Medicine* will continue to feature stories of individual physicians and their experiences with change. I encourage you to submit your stories, to share your helps and resources with other physicians. You may direct your stories to me via E-mail at bdwilson@msms.org or to Betty McNerney at bmcnerney@msms.org. I look forward to your input and feedback.

Doctor Wilson is 1995-1996 MSMS president

Physician wellness target of MSMS committee

By James J. Miller, MD



Though the sources of stress for physicians may have some of their roots in political or economic matters, a physician's wellness is not a political or economic effort. It is more related to the human task of relating to those closest to us, healthy self-care, and spiritual and emotional growth.

Bobbie, an 88-year-old frail woman, looked up from her wheelchair and asked with genuine interest how I was doing. After I quietly responded, she said, "I hope you're taking care of yourself, because I need you." Bobbie is a people person. Everybody loves Bobbie. Bobbie has some understanding that, at least in part, her doing well is linked to my doing well. Perhaps she understands that there is more to quality of life than the happiness financial rewards bring (which society assumes we all have.)

When I come home, Kyle, one of my four sons, frequently asks, "How you doing, Dad? How was your day?" Kyle is a gregarious 14-year-old. He cheers me up when I'm tired. My sons do better when I share the positive things about my day, get home at a reasonable hour, share my sense of humor, and express confidence about the future. The challenges of being a physician are such that those things don't always happen.

Stress on the rise

While no one would be surprised that the life of a physician would be stressful at times, it also seems reasonable that physicians in training, as well as in practice, would have some expectation of a better life for the hard work and efforts they put in. There is evidence that stress in the profession is worsening. The following was reported in the April 1994 issue of *Hippocrates* magazine: "The percentage of doctors who would not urge their kids to go into medicine is 51 percent. The rate of suicide among physicians per 100,000 is 28-40, compared with 12.3 in the general population. The approximate percentage of medical students who would seek psychiatric help if it were

available in a non-stigmatized setting is 75 percent." There is a net attrition out of emergency medicine. The average half-life of an emergency medicine physician is approximately 10 years. Disability claims for physicians are on a rapid rise over the last seven years, particularly in western states where managed care is more heavily infiltrated. In those states, physicians in certain specialties, particularly orthopedics, anesthesia, emergency medicine and family practice, may find it difficult to obtain disability insurance. John-Henry Pfifferling, PhD, an authority on physician wellness, sums this up by saying that, "While outright impairment is not terribly common among physicians, distress is rampant."

Though the sources of stress for physicians may have some of their roots in political or economic matters, a physician's wellness is not a political or economic effort. It is more related to the human task of relating to those closest to us, healthy self-care, and spiritual and emotional growth.

The MSMS Committee on Physician Well Being started a little more than two years ago after Carl F. Hammerstrom, MD, a Marquette pulmonary physician who was impressed by the presentations of Doctor Pfifferling, presented the concept to the MSMS Board of Directors. While all states have committees devoted to physician impairment, and many have a committee devoted to physicians in transition, I'm not aware of any other state that has a committee specifically devoted to physician wellness. There are other groups nationally, however, and some of them include the Society for Professional Well-Being in Durham, North Carolina; the Center for Physician Development in Boston; the Committee on Physician Wellness at the Ameri-

can College of Emergency Physicians; and the Committee on Physician Wellness at Kaiser Permanente.

This year, the main role of the MSMS Committee on Physician Well Being has been to develop a vision and a mission statement and to link them to strategic plans that can be carried out over the next several years.

MSMS Task Force on Physician Well-Being

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Chair

David C. Dunstone, MD

Cecilia Farina, MD

John W. Hall, MD

Evangeline Spindler, MD

Bruce C. Springer, MD

Bruce M. Thompson, MD

Trissa Torres, MD

Sue Van Tuinen,

MSMS Alliance

Marvin S. Weckstein, MD

B. David Wilson, MD,

MSMS President

Vision statement

The following statement describes what we would like Michigan physicians to be able to say about their profession in the future:

- Physicians experience the practice of medicine as joyful and sustaining for an entire career.
- Physicians are generally happy in their work, resilient and balanced with their lives outside of work and with their family members.
- Physicians develop collegial relationships with one another, validate each other's concerns and empower each other to live happy, fulfilling lives within the practice of medicine and personally.
- Patients obtain more satisfying care from physicians who are living balanced, satisfying lives.

Mission statement

The things that we felt mattered most in bringing about this vision are described in the following mission statement:

- To provide leadership, education and support for physicians seeking greater fulfillment in their lives.
- To validate the concerns of physicians that affect their professional, personal and family life.
- To facilitate the growth of programs dedicated to physician wellness and the growth of knowledge about physician wellness.
- To advocate healthy collegial relationships, legal and economic fairness, healthy self care, and fulfilling family lives for physicians.
- To develop a clearinghouse and network for resources and referral to assist with physician wellness at a state level.
- To monitor the measurable outcomes of physician wellness of our membership.

Plan of action

We have listed six strategies to focus our goals and objectives over the next few years. They include:

1. Facilitate a program of stress management for residents.
2. Develop a clearinghouse for information, resources and referral.
3. Support acutely grieving physicians.
4. Address the issues facing physicians' families in medicine's stressful environment.
5. Develop mechanisms for research, grants, continuing medical education, and new programs.
6. Monitor the measurable outcomes of physician wellness, including such things as subjective improvement in well being, reduction in risks, out migration from the profession, medical board appearance, divorce, drug abuse, and suicide rate.

As chair of the MSMS Committee on Physician Well Being, it is my sincere hope that we can provide useful service to MSMS members. I invite anyone with an interest in physician wellness to contact me or Sherry Fent, staff at MSMS, with your thoughts, interests, suggestions, and constructive criticism. My phone number is (517) 487-0110. My

fax is (517) 487-2669. My E-mail address is jmiller@msms.org. Sherry's phone number is (517) 336-5730. Her fax number is (517) 336-5797. Her E-mail address is sfent@msms.org. ■

References for this article are available upon request.

RETIREMENT

The past tense of "physician"

By Richard C. Bates, MD

"Were you a doctor?" This defining moment of my retirement came from a nurse who was performing the preliminary testing for new glasses. My answers were such that she recognized some medical knowledge. Her key word was "were."

Leaving home, graduating, losing virginity, marrying, bearing and rearing, retiring: all are milestones on life's interstate. But only the last requires a descent in altitude, and acknowledgement of diminution. The higher one climbs, of course, the greater the loss. Generally, we physicians like to think that, so far as achievement goes, we have scaled the mountain. Then we must prepare for correspondingly greater regression.

It's always hard to tell when one has made a complete adjustment to a life change. I don't know that my emotional adjustment to retirement is complete, nor that it was exemplary. Perhaps it can be helpful.

Those who have traveled part of life's route are limited in preparing followers for what's ahead. How can one tell a child what an orgasm feels like? Indeed, could we do so, it would rob him of the surprise, and diminish anticipation.

Unexpected, indescribable thrills

Retirement, too, has many unexpected, indescribable thrills. Until you experience it, you can only guess at the relief of the burden of all your patients' lives and welfare, the freedom from ever again being "on call," and, above all, *time*—weeks and years of freedom from scheduling, priority setting and clock watching.



Too often, young people hear only of the rewards that lie ahead while being deaf to the inevitable price of advancement. Everything good has a price: leaving home requires responsible behavior and loneliness, marriage, sharing; retirement, loss of identity.

Being a doctor was the most important thing in my life. I learned for 30 years in order to get to the point of making a living at it. My family had to accept that status sometimes required that I fail to meet their immediate needs. Always, I dressed like a doctor, stood like a doctor, behaved and thought like a doctor. Nobody called me "mister."

No more. Fortunately, I was able to descend gradually: no hospital patients or lectures after age 60; no office patients after 65, legal consulting, only, until 70. "Turning off the faucet one quarter turn a year," I called it. Oh, there are still drips: old patients calling to check on their new doctor, medical opinions sought at dinner parties. People who know me will always call me "doctor." I still have a license to practice (although it would be impossible to do so) and I occasionally write a prescription for non-controlled drugs for my relatives, always first refreshing my memory of the dose in the PDR.

It's hard to face that a 55-year accumulation of medical knowledge is largely outdated and, in any event, fading into forgetfulness. I stopped taking the *New England Journal* two years ago and the *JAMA*, at \$120 a year, will be the next to go. Once I knew how to diagnose polio and treat syphilis; now I can't understand articles on mapping the genome.

There's another price to pay: the inability to share the past with young people. It's the obverse of Cassandra's frustration. The gods gave her the gift of prophecy, but then, in punishment, deprived her of credibility. Old people have the gift of recall, but few of the young care to listen.

There are frustrations to all ages, but in retirement, Oslerian equanimity barely suffices to contain one's emotions as he watches younger people rush unheeding toward apparent disaster. We older doctors practiced with great financial restraint: the Great Depression required it. Now we watch our profession pull down its edifice in the name of money. There's guilt, too, because our Blue plans created the first rip that allowed the camel's nose of "business" into the tent of "profession." For many middle-aged doctors, practice is so unpleasant that early retirement is attractive. Indeed, by age 55 many of them are affluent enough to ensure financial security for the rest of their lives.

If that's their sole goal in life, let them do so. We who practiced when there were not enough doc-

tors know that there has been an over-supply for the last 10 years. Were every doctor over 55 to stop practice tomorrow, there would still be enough left to keep the average age at death falling at the same rate.

But the 50's are too young for those physiologic changes of aging that make retirement tolerable—in the end, mandatory—for those true doctors, the great majority, who love what they do and what they are.

Once I could no longer hear high-pitched murmurs readily audible to the house staff, my days as an internist numbered themselves. Seeing gray hair and wrinkles, a few patients carefully inquired if my retirement weren't imminent; some of them began going to younger doctors.

By remarkable beneficence, all this contraction of suzerainty was eased by a decline in androgens. Until a male is past 60, he can't understand how much he once thought important was a figment created by hormones. The passivity of age comes none too soon for retirement at 65—55 is a decade too soon.

Young people in the vigor of a full array of androgens and estrogens can write, as Dylan Thomas did at 32, that one must "rage against the dying of the light." Had he lived to 70 instead of drinking himself to death at 39, he might have understood that, at a lower level of sexual stimulation, it's easy to "go gently into that good night." Thank goodness. It would be terrifying to conflict the aggression of youth with the infirmities of age.

There are more passive pursuits that permit some substitutions for the challenges of medical practice. I make rounds twice a day in my garden, noticing any changes in my charges' appearance, identifying life-threatening diseases, applying antibiotic insecticides and nutritional supplements in proper doses. Crossword puzzles can be as rewarding as working out an obscure diagnosis.

Let it happen naturally

Retirement should be a gradual transition into a down-hill coast, welcome, as the motor begins to heat and knock. Were you to ask my advice (as few do of the elderly) it would be that you let it happen naturally, accept the price with the benefit, and understand that all phases of life are equally pleasurable and troublesome. By and large, on balance, old people are as happy as the young. We don't get the thrills, but neither do we suffer the despairs. After months of climbing mountains, the Salt Lake flats looked like paradise to the Mormons. ■

Doctor Bates resides in Okemos.

From solo practice to managed care: A startling adjustment, an excellent fit

By Susan Hershberg Adelman, MD



Astonishing enough, after 20 years in the solo practice of pediatric surgery at Oakwood Hospital and Children's Hospital of Michigan in Detroit, one year ago I joined the faculty of the University of Michigan, Department of Surgery, Section of Pediatric Surgery. In the good old days, this would have been an unheard-of move at such a point in my career.

In the new days, the fit is excellent. While my colleagues in the Department have been doing laboratory research, I have been learning to understand the environment, law, and economics of medicine. The University needs to reach out to the community to maintain and extend its base of teaching cases. I need these new professional relationships to put me on the cutting edge of my own specialty.

In the days of managed care, both health care plans and hospitals insist that I contract to provide a full range of subspecialty services, with 365 days-a-year coverage. Soon managed care plans will demand quality assurance plans and outcome data, which the University will be able to furnish, but which would be a burden for a solo practitioner.

Both hospitals and health care plans now contract with centers of excellence for tertiary and quaternary care. The University of Michigan and Oakwood Hospital have developed a surgical residency program. My new relationship places me in the inside of all this, rather than the outside.

Bureaucracy a challenge

Michigan Medicine has asked me to talk about the challenges, stresses and adjustments involved. The University bureaucracy certainly has been a challenge. They hassle me about my downtown office, about asbestos in the walls and whether the bathroom conforms with the Americans with Disabilities Act. They had to order the new desk themselves for my newly refurbished Dearborn office. They pay my office supply bills and subscriptions according to their own time frame. The local office

supply store will now only deliver collect.

Trips for business or pleasure now have to be scheduled six months in advance, because I have to have coverage at all times. If the colleague who normally rotates call with me is going to be tied up when I need to go away, the resulting department-wide negotiation can be elaborate and time-consuming. The monthly financial statements of my practice are now the business of my chief, not just my business. My secretary now reports to her superior in the pediatric surgery office in Ann Arbor.

My relationships with residents, participation in departmental activities and attendance at conferences are monitored, summarized and duly written down. The meetings I attend and cases I operate on in Ann Arbor are all 40 minutes from home. One meeting is at 7 a.m. on Saturday, after which I come home to attend Saturday morning religious services.

For years, I have had my own ways of doing things. My colleagues often have completely different approaches. The residents automatically write certain orders that they have been taught in general surgery training, and these may differ from any of our pediatric protocols. In the OR, the residents expect me to help them do the cases, and the number of cases I can do in my traditional OR time blocks has gone down. The hospital consultants in Ann Arbor are new to me. The hospital routines at Mott Hospital are new, and when I am working there, it is a major adjustment to have to introduce myself constantly.

Above all, I used to be the one who made all the decisions about my office, my contracts, my routines, and my schedule. I have been accustomed to relating to people in fairly high places for many years. If I had a legal or contractual problem, I always called the parties concerned and dealt with the problem myself. Now I have a department, a section, and a section chair, who expects to take care of my problems himself. This surely is a brave new world, and the adjustment has been startling. ■

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We hope you enjoy this new location and we hope to see you on November 2-4 in Lansing.

Tama D. Abel, MD
Chair, 1995 ASM Planning Committee

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GENERAL INFORMATION

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The Radisson Hotel is located in the heart of downtown Lansing, Michigan's Capital City. All educational courses will be at the Lansing Center, connected to the Radisson Hotel by an enclosed walkway. Special functions will be held at both the Radisson Hotel and Lansing Center.

A special rate of \$79 per room, single or double occupancy, has been arranged for MSMS on the nights of November 1, 2, 3 and 4, 1995.

The deadline for making hotel reservations at the Radisson Hotel at this special rate is October 6, 1995. Please use the form provided in this program.

HOW TO REGISTER

Registration for the Annual Scientific Meeting is simple. Just complete the ASM Registration Form on page 50 of this program and send it by mail to MSMS, P.O. Box 950, East Lansing, MI 48826-0950, or by FAX to (517)336-5797. Be sure to include a check or your VISA or MasterCard account number. A confirmation will be sent to you in advance of the meeting.

MSMS members pay \$55 per course, \$15 per day for buffet luncheon (excluding Saturday), plus a one-time registration fee of \$20. The registration fee includes registration materials, handouts, coffee, admission to the two early bird plenary sessions and the MSMS Exhibit Hall.

ADOPT-A-DOCTOR DISCOUNT

The ASM Planning Committee looks forward to continued participation of the hundreds of physicians who attend the MSMS Annual Scientific Meeting each year. Your efforts in promoting the meeting to your colleagues and the participation by more first-time attendees each year has resulted in the Adopt-a-Doctor discount program. You may take \$20 off your registration total if you bring a physician who has never attended (or if you have never attended) an MSMS Annual Scientific Meeting.

CANCELLATION POLICY

A 100% refund of course fees will be provided if MSMS is notified by October 20, 1995. The \$20 registration fee is non-refundable. Cancellations after October 20 (up to the day of the conference) receive a full refund, less a \$50 handling fee. No refunds will be given after the conference date without prior notification.

SPECIAL ACCOMMODATIONS &

The Michigan State Medical Society wants this program to be readily accessible to everyone. Please let us know if you have special accommodation needs that would make this program more accessible or comfortable for you.

BUFFET LUNCHEON

A tasty buffet-style lunch located in the MSMS Exhibit Hall Computer Technology Center will allow you to enjoy lunch at your own pace while listening to mini presentations and experiencing hands-on interplay with the latest technology, saving time for coffee and dessert in the MSMS Exhibit Hall. The cost for this luncheon is \$15 per person and is co-sponsored by MSMS and Michigan Physicians Mutual Liability Company. Advance registration is required.

CONTINUING MEDICAL EDUCATION CREDITS

The MSMS Committee on CME Programming, an organization accredited by the MSMS Committee on CME Accreditation, designates that this activity meets the criteria for a maximum of 17 hours of Category I toward the requirements for Michigan relicensure and of the Physicians Recognition Award of the AMA, provided it is completed as designed.

Each half-day course awards 3 credit hours. Friday and Saturday morning plenary sessions each are worth an additional 1 hour of Category I CME credit.



GENERAL INFORMATION



MSMS MESSAGE CENTER

Special telephone lines will be installed for incoming local and long distance calls. Just call the Lansing Center, (517)483-7416 and ask for the MSMS Message Center. Be sure to check the Message Board at the MSMS Registration Desk regularly for posted messages.

COAT CHECK

A complimentary coat check will be available during all MSMS functions in the exhibit hall foyer.

ADMISSION TO COURSES

Admission will be by Course Admission Tickets, which will be given to physicians when they register. No one will be admitted to courses without tickets and/or badges. All courses begin promptly at 8:30 a.m. or 1:30 p.m.

FACULTY HEADQUARTERS

Course directors and instructors can use Room 101 as a place on the First Floor to meet, review slides or course materials, etc.

NO SMOKING PLEASE

All participants are asked to refrain from smoking while courses are in session. There will be a half-hour break in all courses. The no-smoking policy has been in effect since 1977.

FREE COFFEE

Coffee will be available in the Exhibit Hall. Plenary sessions will have coffee available in the rear of the room.

EXHIBIT CENTER

Participants are urged to visit the outstanding displays featured in the Exhibit Hall and to express their support for the exhibitors' financial contribution to the meeting. Exhibits are open from 7:00 a.m. to 5:30 p.m. on Thursday and Friday.

EXHIBIT HALL PASSES

Free passes are available for registered participants to invite their colleagues and/or staff to visit the exhibit hall.

MEDIA

Medical writers and representatives of television and radio have been invited to cover the Annual Scientific Meeting. MSMS staff will be available all two and half days in Room 101 to provide assistance. Press releases will be provided for participants to complete and forward to their own local media.

EMERGENCY PROCEDURES

In case of emergency you should do the following (please read carefully):

1. If an emergency (e.g. cardiac arrest) occurs, proceed to the nearest telephone and call 408. State the area and room the patient is in and the nature of the problem as well as the number of the phone from which you are calling. **An Ambulance will be summoned for you.**
2. When the Life Support Team arrives, they will assume command of the emergency care. Do not interfere or offer assistance unless asked to do so. Assist with crowd control and open a passageway for evacuation of the patient.
3. Persons needing non-emergency medical attention should go directly to either the Lansing Center office or the MSMS registration desk.



*ALL HALF-DAY COURSES OFFER UP TO 3 HOURS OF CATEGORY I CME CREDIT
REGISTRATION FORM ON PAGE 50*

CAPSULE SCHEDULE AND SPECIAL EVENTS

THURSDAY, NOVEMBER 2, 1995**7:00 a.m. - 8:15 a.m.****Legislative Breakfast****8:30 a.m. to 12:00 Noon****Concurrent Scientific Courses**

- 1995 Constituent Skills Workshop (No Course Fee, Non-CME)
- Cancer Update for Clinicians
- Issues in Occupational and Environmental Medicine
- Liver Transplant
- Managed Care: Effective Contracting (Non-CME)
- Management of the Depressed Patient in Primary Care
- Pain Management
- Prevention and Treatment of Cardiovascular Disease: Part I

12:00 Noon

Lunch Recess/Computer Technology Center in Exhibit Hall

12:30 p.m.Specialty Society Legislative Retreat
Luncheon/Presentation**1:30 p.m. to 5:00 p.m.****Concurrent Scientific Courses**

- Allergic Skin Disease
- Colon and Rectal Cancer
- Common Medical Problems in Pediatrics
- Neurological Problems of Frequent Encounter
- Orthopaedics for the Internist and Family Physician Practice
- Prevention and Treatment of Cardiovascular Disease: Part II

4:30 p.m.

Reception

Exhibit Hall

(Sponsored by

MICHIGAN PHYSICIANS MUTUAL LIABILITY COMPANY)

5:30 p.m.Michigan Society of General Surgeons
Annual Meeting/Board Dinner**6:00 p.m.**Michigan State University College of Human Medicine
Alumni Reception (Invitation Only)University of Michigan Medical School Alumni
Reception/Dinner (Invitation Only)Wayne State University School of Medicine Alumni
Association
Reception**6:30 p.m.**Michigan Society of Colon and Rectal Surgeons
Dinner Meeting

*ALL HALF-DAY COURSES OFFER UP TO 3 HOURS OF CATEGORY I CME CREDIT
REGISTRATION FORM ON PAGE 50*

CAPSULE SCHEDULE AND SPECIAL EVENTS



FRIDAY, NOVEMBER 3, 1995

7:15 a.m. - 8:15 a.m.

Free "Early Bird" Plenary Session

"The Role of Continuous Quality Improvement in the Rapidly Changing Environment"

8:30 a.m. to 12:00 Noon

Concurrent Scientific Courses

- Advances in the Treatment of Lung Disease
- Clinical Use of Lasers
- Common Fluid-Electrolyte and Acid-Base Disorders
- Computerized Medical Records: Enhanced Patient Care and Reduced Liability
- HIV/AIDS and Health Care Providers
- Low Back Pain and Alternatives in Management
- Postmenopausal Hormone Replacement Therapy

12:00 Noon

Lunch Recess/Computer Technology Center in the Exhibit Hall

1:00 p.m.

Michigan Academy of Plastic Surgeons
Board Meeting

1:30 p.m. to 5:00 p.m.

Concurrent Scientific Courses

- Asthma Update
- Basic Cardiac Life Support (Limited Attendance Workshop)
- Common Hand and Wrist Disorders in Primary Care
- Current Concepts in Clinical Radiology
- Cutaneous Mycosis
- Women's Hormonal and Psychological Health Through the Life Cycle

5:00 p.m.

MSMS Committee on Concerns of Women Physicians
Reception/Committee Meeting

6:00 p.m.

Michigan Occupational Medical Association
Reception/Dinner

SATURDAY, NOVEMBER 4, 1995

7:15 a.m. - 8:15 a.m.

Free "Early Bird" Plenary Session

"What the Practicing Physician Needs to Know About Computers"

8:30 a.m. to 12:00 Noon

Concurrent Scientific Courses

- Alternative Medicine
- Basic Cardiac Life Support (Limited Attendance Workshop)
- Immunizations: A Lifetime Affair
- Put the Power of the Internet to Work in Your Medical Practice (Limited Attendance Workshop, Non-CME)



Blue Cross
Blue Shield
of Michigan

The Michigan State Medical Society 1995 Annual Scientific Meeting is supported in part by a grant from Blue Cross Blue Shield of Michigan.

MSMS appreciates the contributions of BCBSM in bringing this educational opportunity to physicians in Michigan.

THURSDAY MORNING, November 2

All courses run from 8:30 a.m. to 12:00 noon with a half-hour break

No Charge for this "Early Bird" Legislative Breakfast Reception

7:00 a.m. Continental Breakfast and opening remarks by Senator Dianne Byrum (D-Lansing)

7:15 a.m. An overview of health legislative issues by Senator John Schwarz (R-Battle Creek)

7:40 a.m. - 8:15 a.m. Take this opportunity to meet and discuss issues with your state legislators.

1995 CONSTITUENT SKILLS WORKSHOP FOR PHYSICIANS

The Michigan State Medical Society and your specialty society will host a political seminar to teach physicians how to be effective communicators within the political arena. This Constituent Skills Workshop is being offered at the Lansing Center from 8:30 a.m. - 12:00 noon on November 2, 1995 in conjunction with the MSMS Annual Scientific Meeting.

Presenter for the workshop is Michael Dunn. Mike is President of Michael E. Dunn & Associates, Inc., a public affairs consulting firm based in Washington, D.C. His firm specializes in developing the political effectiveness of corporations as well as trade and professional associations.

The workshop is free of charge to physicians and MSMS Alliance members willing to learn valuable skills in grassroots lobbying. You may register on the ASM registration form on page 19. For more information, please contact the MSMS Government Relations Department at 517/336-5741.

Category I CME Credit is not available for this course.

CANCER UPDATE FOR CLINICIANS

PRESENTED BY: Department of Internal Medicine, Wayne State University School of Medicine

The course will present a multidisciplinary approach to two common cancers - prostate and breast - with highlights on new information on screening and treatment of these diseases. Practical issues important to physicians in general will be presented. New information on the impact of race in prostate cancer and on the value of bone marrow transplantation in breast cancer will be presented.

COURSE DIRECTOR: Manuel Valdivieso, MD, Professor, Internal Medicine, Division of Hematology and Oncology, Wayne State University School of Medicine

PRESIDING: Doctor Valdivieso

ISSUES IN OCCUPATIONAL AND ENVIRONMENTAL MEDICINE

PRESENTED BY: Michigan Occupational and Environmental Medical Association

The purpose of this seminar is to present three separate, distinct, relevant topics in occupational medicine: 1) the current approach toward the evaluation and treatment of low back pain in the clinical category, 2) update on the Americans with Disabilities Act (ADA), from a medical-legal, administrative perspective and 3) a working model for employee assistance programs providing a blend of the previous two perspectives.

COURSE DIRECTOR: James J. Andonian, MD, Michigan Occupational and Environmental Medicine, Plymouth

PRESIDING: Doctor Andonian

LIVER TRANSPLANT

PRESENTED BY: University of Michigan Organ Transplantation Center

Liver transplantation is now a method of treating patients with liver diseases who meet strict selection criteria. The objective of this course is to help the referring physician in selecting patients for referral, provide a mechanism for initiating a referral and for ongoing communication with the referral center. An outline of the selection process, post-operative and long term management and the identification and treatment of complications will be provided.

COURSE DIRECTOR: Jeremiah G. Turcotte, MD, Director, University of Michigan Organ Transplantation Center and Liver Transplant Program

PRESIDING: Doctor Turcotte

THURSDAY MORNING, November 2

All courses run from 8:30 a.m. to 12:00 noon with a half-hour break



MANAGED CARE: EFFECTIVE CONTRACTING

PRESENTED BY: M-Care and the University of Michigan School of Public Health

This session is designed to offer concrete information for physicians who are exploring new alliances with purchasers and payers, and who are seeking to enhance the effectiveness of these managed care arrangements.

Using examples developed from Michigan experience, this course will cover: (1) examining the implications of capitation contracts, using information on risks, tools of risk analysis, and available market information, (2) organizing to negotiate and accept capitation contracts, utilizing analytical tools for effective contracting and the strengths-weaknesses-opportunities-threats (SWOT) analysis, and (3) organizing to deliver services under capitation contracts, considering factors such as risk-pool characteristics and reinsurance, and practice issues such as information systems, solo/group practice arrangements, monitoring and practice guidelines.

COURSE CO-DIRECTORS: **Herbert Sloan, MD**, Senior Medical Director, M-Care, Ann Arbor and **Dean Smith, PhD**, Associate Professor of Health Care Finance, School of Public Health, University of Michigan

PRESIDING: Doctor Smith

MANAGEMENT OF THE DEPRESSED PATIENT IN PRIMARY CARE

PRESENTED BY: Departments of Family Practice and Psychiatry, University of Michigan Medical School

This course will provide advanced knowledge and skills to primary care physicians caring for depressed patients. Five short lectures will address diagnostic dilemmas, comorbidity with alcoholism and chronic fatigue, the effective use of old and new anti-depressants and life-long maintenance therapy.

COURSE CO-DIRECTORS: **Thomas L. Schwenk, MD**, Professor and Chair, Department of Family Practice, University of Michigan Medical School and **Gregory W. Dalack, MD**, Assistant Professor, Department of Psychiatry, University of Michigan Medical School

PRESIDING: Doctors Schwenk and Dalack

PAIN MANAGEMENT

PRESENTED BY: Michigan Head•Pain and Neurological Institute

This course will provide primary physicians a review of pain management principles and national practice guidelines for the treatment of acute and chronic pain syndromes; current approaches in treatment of back pain and other common aches and strains; current concepts in the management of cancer pain; and new perspectives on the diagnosis and treatment of headache. The program will include a "pain clinic" forum during which attendees and faculty will be encouraged to present illustrative and challenging cases for discussion.

COURSE DIRECTOR: **Joel R. Saper, MD, FACP**, Director, Michigan Head•Pain and Neurological Institute, Ann Arbor

PRESIDING: Doctor Saper

PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE: PART I

PRESENTED BY: Michigan Heart and Vascular Institute and American Heart Association, Michigan Affiliate

This course will discuss the appropriate time to intervene and begin treatment as well as discuss which tests should be ordered for which patients. The course has been designed to provide practical information about the prevention and treatment of a variety of cardiovascular conditions for primary care physicians. The latest guidelines for the treatment of specific cardiovascular diseases will be emphasized.

COURSE CO-DIRECTORS: **Bradley L. Hubbard, MD**, Michigan Heart and Vascular Institute, Ann Arbor, and **Ronald J. Vanden Belt, MD**, Chief of Staff, Department of Cardiology, St. Joseph Mercy Hospital, Ann Arbor; Michigan Heart and Vascular Institute

PRESIDING: Doctor Vanden Belt

THURSDAY AFTERNOON, November 2

All courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break

ALLERGIC SKIN DISEASE

PRESENTED BY: Departments of Internal Medicine and Pediatrics, Wayne State University School of Medicine, Detroit and VA Medical Center, Allen Park

The objective of this course is to familiarize internists, pediatricians and family practitioners with the common types of allergic skin disease. Topics will include urticaria, atopic dermatitis, contact dermatitis and drug rashes. Pathophysiology, clinical presentations and treatments will be covered. Allergists and dermatologists will also find the course of interest as a review and to obtain new perspectives.

COURSE DIRECTOR: Michael R. Simon, MD, Associate Professor and Allergy and Immunology Training Program Director, Departments of Internal Medicine and Pediatrics, Wayne State University School of Medicine, Detroit, and VA Medical Center, Allen Park

PRESIDING: Doctor Simon

COLON AND RECTAL CANCER

PRESENTED BY: Michigan Society of Colon and Rectal Surgeons

This course will review some of the current theories regarding the causes of colon and rectal cancer. Screening and surveillance in detecting and treating early carcinoma will be emphasized. Pre-malignant lesions will be discussed and a general overview of treatment will be presented. The course will be especially valuable to primary care physicians and general surgeons. This course is supported in part by a special bequest from the estate of Elizabeth T. Sladek.

COURSE DIRECTOR: Farouk S. Tootla, MD, President, Michigan Society of Colon and Rectal Surgeons, Pontiac

PRESIDING: Doctor Tootla

COMMON MEDICAL PROBLEMS IN PEDIATRICS

PRESENTED BY: Michigan Chapter of American Academy of Pediatrics; Division of Pediatric Urology, William Beaumont Hospital, Royal Oak; and Department of Pediatric/Human Development, Michigan State University College of Human Medicine

This course will consider two common and, at times, interrelated problems of children: deviation from expected patterns of growth and development and abnormalities in genitourinary function and structure. Consideration will be given to diagnosis and management updates of problems ranging from short stature, enureses, urinary tract infections and developmental delay to hypertension, hydronephrosis and Hinman's Syndrome. The format will utilize case studies in an interactive mode with role playing and group commentaries.

COURSE CO-DIRECTORS: George L. Blum, MD, Clinical Associate Professor, Wayne State University School of Medicine; Evan J. Kass, MD, Chief, Pediatric Urology, William Beaumont Hospital, Royal Oak; William B. Weil, Jr., MD, Professor Emeritus, Pediatrics and Human Development, Michigan State University College of Human Medicine

PRESIDING: Doctors Blum, Kass and Weil



THURSDAY AFTERNOON, November 2

All courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break



NEUROLOGICAL PROBLEMS OF FREQUENT ENCOUNTER

PRESENTED BY: Department of Neurology, Wayne State University School of Medicine

This course will provide primary physicians and interested specialists with a current understanding of four of the most frequently encountered neurological problems. The lectures will cover epilepsy, Parkinson's disease, Alzheimer's disease and stroke. Recent advances in diagnosis and treatment will be highlighted.

COURSE DIRECTOR: Paul A. Cullis, MD, Clinical Associate Professor, Department of Neurology, Wayne State University School of Medicine, Detroit

PRESIDING: Richard Lewis, MD, Department of Neurology, Wayne State University School of Medicine, Detroit

ORTHOPAEDICS FOR THE INTERNIST AND FAMILY PHYSICIAN PRACTICE

PRESENTED BY: Michigan Orthopaedic Society

This course will cover topics of pediatric orthopaedics, lumbar spine, knee, ankle, foot, shoulder, elbow, wrist and hand. Emphasis will be on conservative treatment of common orthopaedic disorders and conditions which might be adversely affected by delay in diagnosis.

COURSE DIRECTOR: John C. Colwill, MD, Clinical Professor, Michigan State University College of Human Medicine

PRESIDING: Doctor Colwill

PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE: PART II

PRESENTED BY: Michigan Heart and Vascular Institute and American Heart Association, Michigan Affiliate

This course will provide practical information about the prevention and treatment of a variety of cardiovascular conditions. You will hear from local experts in the field about hypertension, estrogen replacement therapy, hyperlipidemia, peripheral vascular disease, congestive heart failure, syncope and the care of the patient after a myocardial infarction and when to use non-invasive cardiac testing. The role of the primary care physician in treating patients with cardiovascular disease will be emphasized.

COURSE DIRECTOR: T. Barry Levine, MD, Director, Department of Heart Failure and Cardiac Transplantation Program, American Heart Association: Michigan Affiliate

PRESIDING: Doctor Levine



*ALL HALF-DAY COURSES OFFER UP TO 3 HOURS OF CATEGORY I CME CREDIT
REGISTRATION FORM ON PAGE 50*

FRIDAY MORNING, November 3

All courses run from 8:30 a.m. to 12:00 noon with a half-hour break

No Charge for this "Early Bird" Plenary Session
Complimentary Coffee Available at 7:00 a.m.

THE ROLE OF CONTINUOUS QUALITY IMPROVEMENT IN THE RAPIDLY CHANGING ENVIRONMENT

Ronald P. Swenson, MD, Director of Quality Improvement and Credentialing, Sparrow Hospital and Health System

This presentation will be directed toward physician leaders and administrators describing the usefulness and power of the tools of Continuous Quality Improvement in helping a health care organization adapt to changing market demands and expectations. Attendees will be familiarized through case examples with the use of benchmarking and clinical pathways in a data-based organizational culture.

ADVANCES IN THE TREATMENT OF LUNG DISEASE

PRESENTED BY: Michigan Society of Thoracic and Cardiovascular Surgeons

This course will present a state-of-the-art overview of pulmonary diseases, the exciting new approach to lung reduction surgery for COPD, an update on mediastinal masses and management of severe asthma with recognitions and prediction of potentially fatal asthma.

COURSE DIRECTOR: Allen Silbergleit, MD, PhD, Department of Internal Medicine, St. Joseph Mercy Hospital, Pontiac and Wayne State University School of Medicine

PRESIDING: Doctor Silbergleit

CLINICAL USE OF LASERS

PRESENTED BY: Michigan Academy of Plastic Surgeons

Since the initial introduction of lasers, new laser products have been heavily marketed and are in use by various medical specialists and by non-physicians. A national expert and two local practitioners will give an update on the current uses of lasers in medicine with emphasis on plastic surgery and dermatology.

COURSE DIRECTOR: Donald M. Ditmars, MD, FACS, Division Head, Department of Plastic and Reconstructive Surgery, Henry Ford Health System, Detroit

PRESIDING: Doctor Ditmars

COMMON FLUID-ELECTROLYTE AND ACID-BASE DISORDERS

PRESENTED BY: Department of Nephrology and Hypertension, Henry Ford Hospital, Detroit

Case vignettes will be used to illustrate the more common fluid and electrolyte abnormalities. The four abnormalities include diuretic-induced, perioperative, hepatic and GI disorders, and endocrine disorder.

COURSE DIRECTOR: Robert G. Narins, MD, Division of Nephrology and Hypertension, Henry Ford Hospital, Detroit

PRESIDING: Doctor Narins



FRIDAY MORNING, November 3

All courses run from 8:30 a.m. to 12:00 noon with a half-hour break



COMPUTERIZING MEDICAL RECORDS: ENHANCED PATIENT CARE AND REDUCED LIABILITY

PRESENTED BY: Michigan Physicians Mutual Liability Company

This course will provide physicians with information necessary to assess, select and incorporate health care information technology into their patient practice. Provide accessibility to complete and accurate data, alerts, reminders, clinical decisions, links to medical knowledge and other practice management aids, including documentation of a complete history and physical; development of follow-up systems to ensure patient compliance with recommended treatment; systems to aid in identifying potentially dangerous drug interactions, allergic reactions and medication abuse; and provide comprehensive care through advantages of enhanced patient education, learning and comprehension. This course also will identify various mechanisms for protecting confidentiality.

COURSE CO-DIRECTORS: Edmund Messina, MD, Neurology, Private Practice, Owosso and R. Stephen Trosty, JD, Director of Risk Management, Michigan Physicians Mutual Liability Company, East Lansing

PRESIDING: Mr. Trosty

HIV/AIDS AND THE HEALTH CARE PROVIDER

PRESENTED BY: MSMS AIDS Provider Education Project

This course will explore occupational concerns of health care providers including transmission, treatment and management methods. Also, updated information on perinatal transmission and treatment, and the latest anti-retroviral therapies will be presented.

COURSE DIRECTOR: David B. Martin, MD, Chair, MSMS AIDS Provider Education Project, Traverse City

PRESIDING: Doctor Martin

LOW BACK PAIN AND ALTERNATIVES IN MANAGEMENT

PRESENTED BY: Department of Neurosurgery and Division of Rehabilitation Medicine, Henry Ford Hospital, Detroit

This course is a comprehensive workshop for the primary care physician on the diagnosis and management of the low back pain patient. The first half of this course will present an overview of recommendations for evaluation and management and preliminary information regarding utilization and cost consequences. The second half of the course will focus on the more common clinical presentations (e.g., spinal stenosis, ruptured disc, degenerative and traumatic instability) and review their management evaluations and outcomes. These latter sessions will involve specific patient scenarios illustrating various diagnostic issues.

COURSE DIRECTOR: Jack P. Rock, MD, Department of Neurosurgery, Henry Ford Hospital

PRESIDING: Russ Nockels, MD, Director, Spine and Trauma Surgery Program, Department of Neurosurgery, Henry Ford Hospital

POSTMENOPAUSAL HORMONE REPLACEMENT THERAPY

PRESENTED BY: Department of Obstetrics and Gynecology, Wayne State University School of Medicine

This course will provide practical information about the pathophysiology of menopause, beneficial effect of hormone replacement therapy (HRT) and its role in preventing osteoporosis and cardiovascular disease. Clinical aspect of HRT and its risks and benefits will be discussed. The course is recommended for family physicians, internists, obstetricians, gynecologists and other physicians interested in this field.

COURSE DIRECTOR: Kamran S. Moghissi, MD, Professor, Department of Obstetrics/Gynecology, Wayne State University School of Medicine

PRESIDING: Doctor Moghissi

FRIDAY AFTERNOON, November 3

All courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break

ASTHMA UPDATE

PRESENTED BY: Michigan Allergy and Asthma Society

This course will provide the practitioner with a review of the diagnosis and treatment of asthma. From the patient with mild to severe bronchial obstruction, drug therapy has shown dramatic improvement in the control of this disease. An overview of office, emergency room and in-patient care will be presented. Newer pharmacological agents will be discussed.

COURSE DIRECTOR: Edward Alpert, MD, President, Michigan Allergy Society, Warren

PRESIDING: Doctor Alpert

BASIC CARDIAC LIFE SUPPORT

PRESENTED BY: To Be Announced

This course will include lecture and practical situations for teaching Basic Cardiac Life Support according to the American Heart Association guidelines. The session includes hands-on teaching of cardiopulmonary resuscitation, obstructed airways in unconscious and conscious victims, including infants. A BCLS Card or Heart Saver Card will be presented upon completion.

COURSE DIRECTOR: To Be Announced

COMMON HAND AND WRIST DISORDERS IN PRIMARY CARE

PRESENTED BY: The West Michigan Hand Center, Grand Rapids

This course will outline the presentation, diagnosis and treatment regimens for a wide variety of common hand and wrist disorders seen by most primary care physicians. Fractures and dislocations, occupational disorders, arthritic conditions and tumors will be addressed.

COURSE CO-DIRECTORS: Donald P. Condit, MD, Clinical Assistant Professor, Department of Orthopaedics, Michigan State University College of Human Medicine and Ralph M. Costanzo, MD, Clinical Assistant Professor, Department of Orthopaedics, Michigan State University College of Human Medicine

PRESIDING: Doctors Condit and Costanzo

CURRENT CONCEPTS IN CLINICAL RADIOLOGY

PRESENTED BY: Department of Radiology, Wayne State University School of Medicine

This course will consist of four presentations and will instruct primary care consulting physicians in the efficacy of diagnostic modalities and update in various areas: 1) What are the expectations from conventional chest radiography in emergent non-traumatic situations, 2) discussion of and examination of choice in the evaluation of pancreatic disease, 3) evaluation for appendicitis and diverticulitis, and 4) clinical implications in screening and diagnosis of carcinoma of the prostate.

COURSE DIRECTOR: A. P. Zingas, MD, FACR, Department of Radiology, Harper Hospital, Detroit

PRESIDING: Doctor Zingas



FRIDAY AFTERNOON, November 3

All courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break



CUTANEOUS MYCOSIS

PRESENTED BY: Michigan Dermatological Society

This course will consist of a review of common and unusual presentations of the dermatophytes. This will include a discussion of the epidemiology of the various tinea. A survey of non-dermatophytic mycoses of the hair, skin and nails will follow and include infections caused by yeast and dematiaceous fungi. A review and update of antimycotic therapy for the management of cutaneous mycoses will complete this program.

COURSE DIRECTOR: John M. Chadwick, MD,
CME Chair, Michigan Dermatological Society

PRESIDING: Dennis E. Babel, PhD, Assistant Professor, Mycology Diagnostic Laboratory, Michigan State University College of Human Medicine and College of Natural Science

WOMEN'S HORMONAL AND PSYCHOLOGICAL HEALTH THROUGH THE LIFE CYCLE

PRESENTED BY: MSMS Committee on Concerns of Women Physicians

An interdisciplinary presentation of the hormonal and psychological aspects of women's health and moods during various stages of her life cycle (puberty, adolescence, premenstruum, postpartum, menopause). This course will include clinical guidelines to assist the primary care physician in assessment, evaluation, diagnosis and treatment with recommendations as to when referral might be necessary. Included will be effective strategies for dealing with adolescents, differential diagnosis of mood disorders, new treatment options for PMS, new "recipes" for hormone replacement therapy and laboratory evaluation of hormone levels.

COURSE DIRECTOR: Janice L. Werbinski, MD, FACOG, Medical Director, Center for Women's Health Bronson Methodist Hospital, Kalamazoo

PRESIDING: Doctor Werbinski



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REGISTRATION FORM ON PAGE 50*

SATURDAY MORNING, November 3

All courses run from 8:30 a.m. to 12:00 noon with a half-hour break

No Charge for this "Early Bird" Plenary Session
Complimentary Coffee Available at 7:00 a.m.

WHAT THE PRACTICING PHYSICIAN NEEDS TO KNOW ABOUT COMPUTERS

William F. Bria, MD, Department of Clinical Information Systems, University of Michigan Medical School

This session will describe the major areas where the practicing physician can benefit from the use of computers including practice management, clinical decision support, financial information management and continuing medical education. It will introduce a functioning physician's workstation that will demonstrate the benefits described in the first objective, as well as raise physician awareness to the current limitations of technology, both in office practice and in medical center information systems. This session also will include additional resources and critique resources including audiovisual materials, national organizations and publications for further reading and investigation for the interested clinician.

ALTERNATIVE MEDICINE

PRESENTED BY: Comprehensive Medical Group, Okemos

Primary care physicians and prepaid health plans will get to know the updated objectives regarding information on alternative medicine (medical acupuncture, herbs, manipulative therapy and biofeedback) through practical interactive presentations of multi-specialties, how to make responsible decisions to help and protect patients who are either trying or asking for alternative medicine referrals. Also compatibility with primary care and quality control settings and the impact upon medical and financial outcomes.

COURSE DIRECTOR: David Y. Hahn, MD, FASCP, Acupuncture and Family Practice, Comprehensive Medical Group, Okemos

PRESIDING: Doctor Hahn



BASIC CARDIAC LIFE SUPPORT

PRESENTED BY: To Be Announced

This course will include lecture and practical situations for teaching Basic Cardiac Life Support according to the American Heart Association guidelines. The session includes hands-on teaching of cardiopulmonary resuscitation, obstructed airways in unconscious and conscious victims, including infants. A BCLS Card or Heart Saver Card will be presented upon completion.

COURSE DIRECTOR: To Be Announced

IMMUNIZATIONS: A LIFETIME AFFAIR

PRESENTED BY: Michigan Academy of Family Physicians

This update and review on immunizations will cover needs of children, adolescents, adults and the geriatric population. Recent changes will be highlighted. Recommendations for special populations, including health care workers and international travelers, will be included.

COURSE DIRECTOR: Karen B. Mitchell, MD, Michigan Academy of Family Physicians and Michigan Department of Public Health Advisory Committee on Immunizations, Southfield

PRESIDING: Doctor Mitchell

SATURDAY MORNING, November 4

All courses run from 8:30 a.m. to 12:00 noon with a half-hour break



PUT THE POWER OF THE INTERNET TO WORK IN YOUR MEDICAL PRACTICE

PRESENTED BY: MSMS Committee on Technology in Medicine

This course is intended for physicians who wish to learn more about the basics of the Internet, MSMSNet, hardware and software requirements, Net lingo, how to use E-mail, newsgroups and Internet Relay Chat. It will include some discussion of the clinical and medical applications of the World Wide Web and will offer the opportunity for hands-on demonstrations. This course is non-clinical and is limited to 20 persons.

COURSE CO-DIRECTORS: Nicholas J. Lekas, MD, FACP, Director, Internal Medicine Residency and Department of Medical Education, Oakwood Hospital, Dearborn and David R. Rovner, MD, FACP, Professor, Department of Medicine and Chief, Division of Endocrinology and Metabolism, Michigan State University College of Human Medicine

PRESIDING: Doctor Lekas and Doctor Rovner

Category I CME Credit is not available for this course.



*ALL HALF-DAY COURSES OFFER UP TO 3 HOURS OF CATEGORY I CME CREDIT
REGISTRATION FORM ON PAGE 50*

HOTEL RESERVATIONS, The Radisson Hotel

*Lansing, Michigan****PLEASE COMPLETE AND SEND TO:***

Attn: Reservations Department
Radisson Hotel Lansing
111 North Grand Avenue
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Please submit this form when making your overnight guest room reservations. Call in reservations can be made by specifying conference name at 1-800-333-3333 or 517-482-0188. Reservations made after October 6, 1995, will be accepted on a space availability basis only.

Flat Rate: \$79.00 + tax

Rate includes complimentary valet parking for Radisson Hotel guests. Rate does not include 11% tax.

Arrival Date _____ Departure Date _____

CHECK IN IS AT 3:00 P.M.

CHECK OUT IS 12:00 NOON

CHECK TYPE OF ROOM - REQUESTED

SINGLE (1 person/1 bed) DOUBLE (2 persons/2 beds)
 DOUBLE (2 persons/1 bed) QUAD (3-4 persons/2 beds)

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Address _____

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Phone _____

Fax _____

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OR CREDIT CARD NUMBER

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<input type="checkbox"/> Visa	Expiration Date _____
<input type="checkbox"/> Mastercard	Signature _____
<input type="checkbox"/> AmEx	_____

DIRECTIONS



DIRECTIONS

From the Detroit Area: Follow I-96 West to I-496 towards Downtown Lansing. Exit I-496 at Exit 7A (Grand Avenue). Turn right on Grand Avenue. Hotel will be 7 blocks north on the left side of the street.

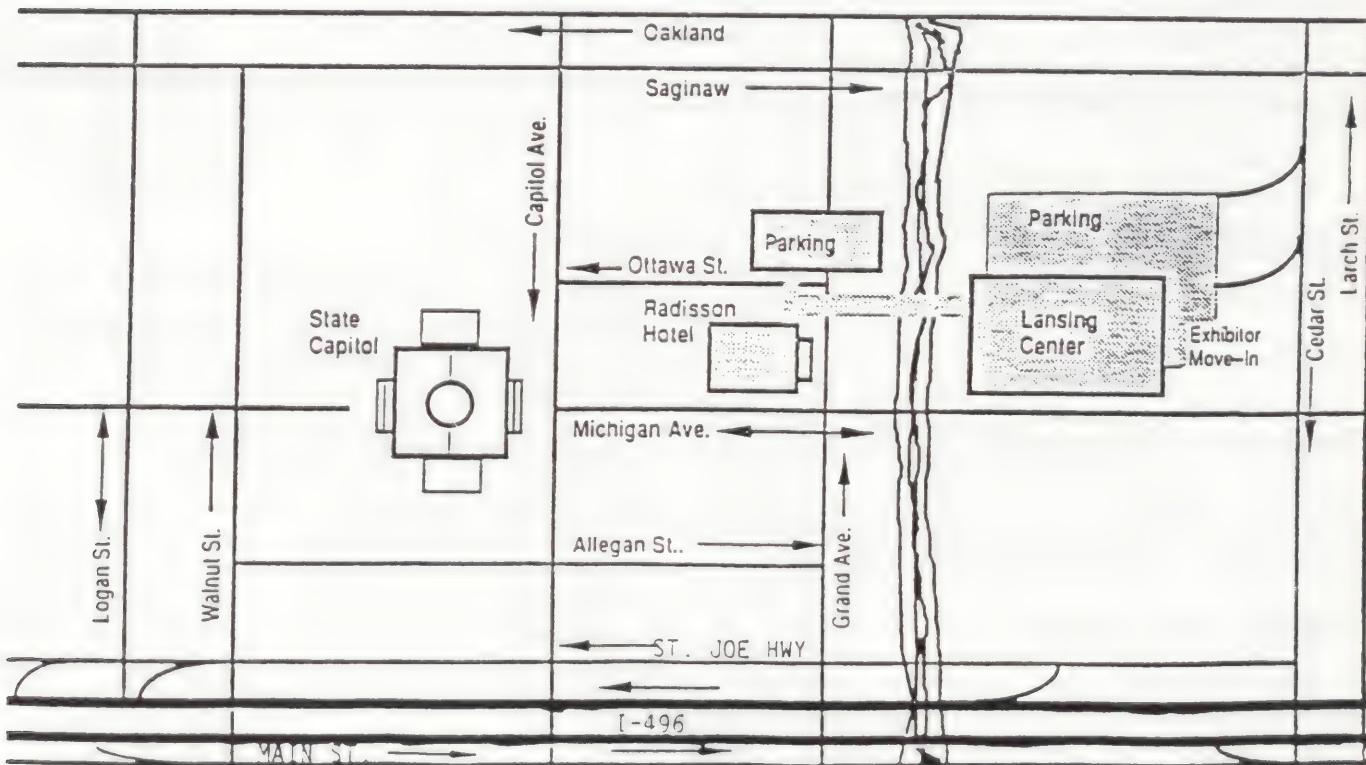
From the Grand Rapids Area: Follow I-96 East to I-496 East towards Downtown Lansing. Exit I-496 at Exit 6 (Pine and Walnut Street). Stay on East Main Street to Grand Avenue. Turn left on Grand Avenue. Hotel will be 8 blocks north on the left side of the street.

From the Flint Area: Follow I-69 West to 127 South towards Lansing/Jackson to I-496 West. Exit I-496 at Exit 7A (Grand Avenue). Turn right on Grand Avenue. Hotel will be 7 blocks north on the left side of the street.

From the Kalamazoo Area: Follow I-94 to I-69 North. Take I-69 North to I-496 East. Exit I-496 at Exit 6 (Pine and Walnut Streets). Stay on East Main Street to Grand Avenue. Turn left on Grand Avenue. Hotel will be 8 blocks north on the left side of the street.

From Capital City Airport: Turn left on Grand River Avenue to Martin Luther King/Logan Boulevard. Turn right on MLK/Logan Boulevard to Saginaw Street. Turn left on Saginaw Street. Turn right on Capitol Avenue to Michigan Avenue. Turn left on Michigan Avenue to Grand Avenue. Turn left on Grand Avenue. Hotel is on the left side of the street.

Downtown Lansing



MSMS ANNUAL SCIENTIFIC MEETING

EXHIBIT INFORMATION

EXHIBIT HALL HOURS

WEDNESDAY, NOVEMBER 1

6:00 p.m. - 9:00 p.m.
Exhibit Set-Up and Reception

THURSDAY, NOVEMBER 2

7:00 a.m. - 5:30 p.m.
Registration and Exhibits Open to Physicians and Guest.
Complimentary Exhibit Hall Passes Available.

FRIDAY, NOVEMBER 3

7:00 a.m. - 5:30 p.m.
Registration and Exhibits Open to Physicians and Guest.
Complimentary Exhibit Hall Passes Available.

5:30 p.m. - 8:30 p.m.
Exhibit Move-Out

Coffee

Coffee will be available during the hours of the Exhibit Hall, compliments of MSMS. During the "early bird" plenary sessions, coffee also will be available in the back of the room.

COMPUTER TECHNOLOGY CENTER

Learn how to use computers in your medical practice. Visit the Computer Technology Center on Thursday and Friday, located inside the Exhibit Hall which will consist of various computer companies and products with the opportunity for hands-on computer interplay, co-sponsored by Michigan State Medical Society and Michigan Physicians Mutual Liability Company.



EXHIBITORS

Plan to visit the following exhibits at the 1995 Annual Scientific Meeting

PHARMACEUTICALS

Abbott Laboratories
Glaxo Wellcome, Inc.
Merck & Co.
Novo Nordisk Pharmaceutical
Roerig Division of Pfizer
Wyeth-Ayerst Laboratories

CLINICAL LABS

Corning Clinical Laboratories
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The Personnel Department, Inc.
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Disability Determination Service
LifeScan, Inc.
PCS Health Systems

OTHER EXHIBITORS

US Army Medical Department
U of M School of Public Health
W. A. Foote Memorial Hospital
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Merrill Lynch
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Physician Service Group, Inc. (*MSMS Subsidiary*)
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Professional Asset Management, Inc.
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Stratton, Cheeseman & Walsh, Inc./Michigan Physicians Mutual Liability Company (*MSMS Endorsed Service*)



ALL HALF-DAY COURSES OFFER UP TO 3 HOURS OF CATEGORY I CME CREDIT
REGISTRATION FORM ON PAGE 50

REGISTRATION FORM

November 2, 3 & 4, 1995, Lansing Center, Lansing



Please Print

Name _____

(first)

(initial)

(last)

(title)

Street _____

City _____ State _____ Zip _____ County _____

Phone () _____ FAX () _____ Previous attendee? Yes _____ No _____

MSMS Member: Yes _____ No _____ Resident _____ Specialty _____ Other _____

CHOOSING YOUR COURSES: Please indicate a *first and second choice*.**Limited Attendance Workshops are smaller, hands-on courses.****THURSDAY MORNING, NOVEMBER 2**

(7:00 a.m. - 8:15 p.m., No Fee)

(8:30 a.m. to Noon, including break)

- 1995 Constituent Skills Workshop (No Course Fee, Non-CME)
- Cancer Update for Clinicians
- Issues in Occupational and Environmental Medicine
- Liver Transplant
- Managed Care: Effective Contracting (Non-CME)
- Management of the Depressed Patient in Primary Care
- Pain Management
- Prevention and Treatment of Cardiovascular Disease: Part I

THURSDAY AFTERNOON, NOVEMBER 2**(1:30 p.m. to 5 p.m., including break)**

- Allergic Skin Disease
- Colon and Rectal Cancer
- Common Medical Problems in Pediatrics
- Neurological Problems of Frequent Encounter
- Orthopaedics for the Internist and Family Physician Practice
- Prevention and Treatment of Cardiovascular Disease: Part II

FRIDAY MORNING, NOVEMBER 3**"Early Bird" Plenary Session**

"The Role of Continuous Quality Improvement in the Rapidly Changing Environment"
(7:15 - 8:15 a.m., No Course Fee)

(8:30 a.m. to Noon, including break)

- Advances in the Treatment of Lung Disease
- Clinical Use of Lasers
- Common Fluid-Electrolyte and Acid-Base Disorders
- Computerized Medical Records: Enhanced Patient Care and Reduced Liability
- HIV/AIDS and Health Care Providers
- Low Back Pain and Alternatives in Management
- Postmenopausal Hormone Replacement Therapy

YOUR PAYMENT

MSMS Members: \$55 per course

MSMS Members with "retired status": \$25 per course

Residents: \$25 per course

Non-Members: \$75 per course

Nurses: \$55 per course

Students: No Course Fee

Lunch: \$15 per day

**NOTE: Each attendee must pay a \$20 one-time registration fee. Includes registration materials, handouts, coffee and plenaries.

Please contact me regarding special accommodations

Send this entire page with your payment. Confirmation of your reservation will be sent to you.

Adopt-a-Doctor Discount*

Take \$20 off your registration total if you bring a physician who has never attended (or if you have never attended) an MSMS Annual Scientific Meeting.

Your "adopted doctor" is _____

FRIDAY AFTERNOON, NOVEMBER 3

(1:30 p.m. to 5 p.m., including break)

- Asthma Update
- Basic Cardiac Life Support
(Limited Attendance Workshop)
- Common Hand and Wrist Disorders in Primary Care
- Current Concepts in Clinical Radiology
- Cutaneous Mycosis
- Women's Hormonal and Psychological Health Through the Life Cycle

SATURDAY MORNING, NOVEMBER 4

"Early Bird" Plenary Session
"What the Practicing Physician Needs to Know About Computers"
(7:15 - 8:15 a.m., No Course Fee)

(8:30 a.m. to Noon, including break)

- Alternative Medicine
- Basic Cardiac Life Support
(Limited Attendance Workshop)
- Immunizations: A Lifetime Affair
- Put the Power of the Internet to Work in Your Medical Practice
(Limited Attendance Workshop, Non-CME)

The MSMS Committee on CME Programming, an organization accredited by the MSMS Committee on CME Accreditation, designates that this activity meets the criteria for a maximum of 17 credit hours in Category I toward the requirements for Michigan licensure and of the Physicians Recognition Award of the AMA, provided it is completed as designed.

Multiply total number of half-day courses by appropriate fee:

One-time Registration Fee**	\$ 20.00
<input type="checkbox"/> x \$55 (members)	+\$ _____
<input type="checkbox"/> x \$25 (retired & residents)	+\$ _____
<input type="checkbox"/> x \$0 (students)	+\$ _____
<input type="checkbox"/> x \$75 (non-members)	+\$ _____
<input type="checkbox"/> x \$55 (nurses)	+\$ _____
<input type="checkbox"/> x \$15 (Thursday lunch)	+\$ _____
<input type="checkbox"/> x \$15 (Friday lunch)	+\$ _____
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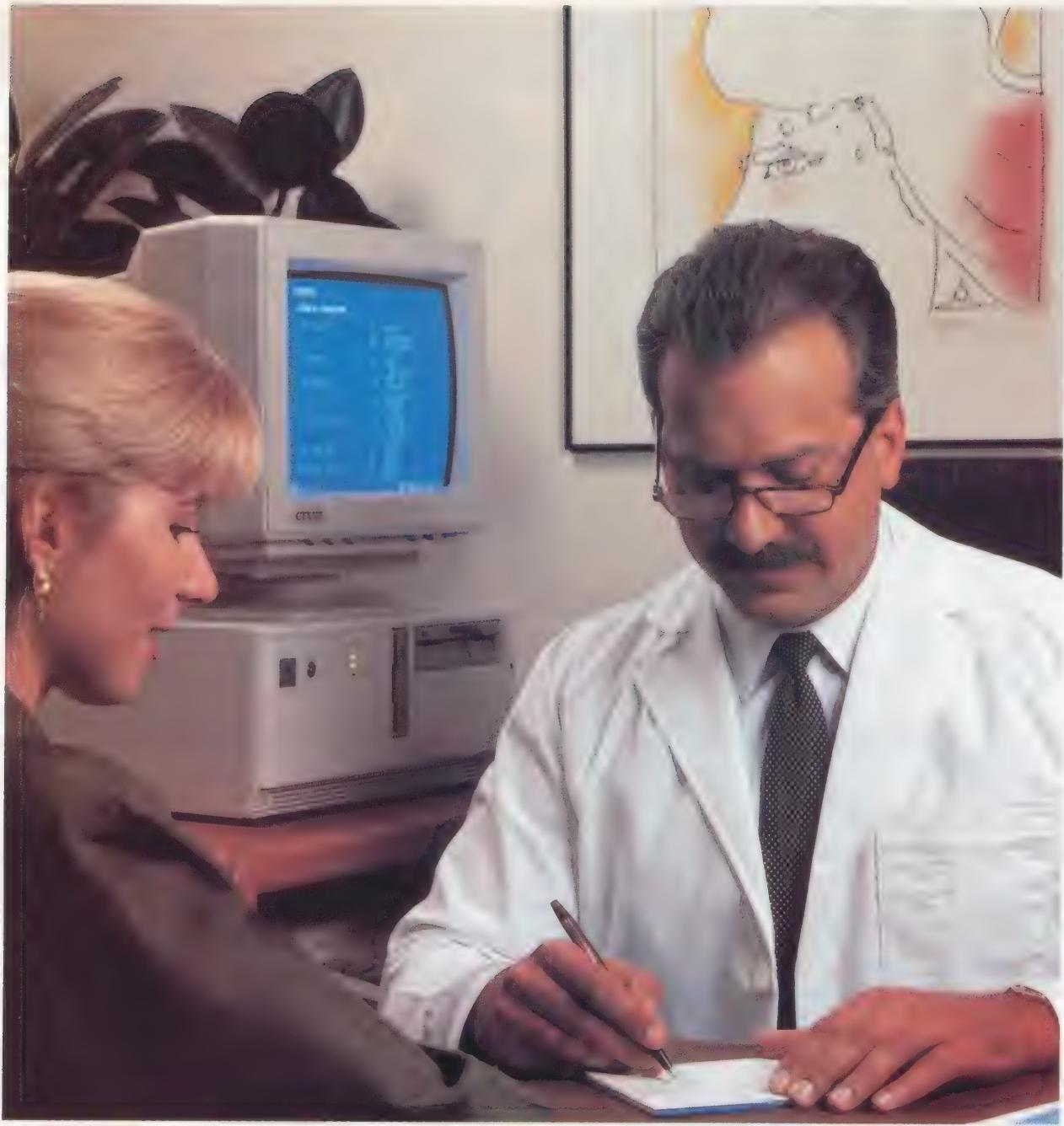
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Yes No
- 4 Is your system inconsistent, cumbersome, or hard to teach new staff?
Yes No
- 5 Does it lack managed care, patient care, or other features?
Yes No

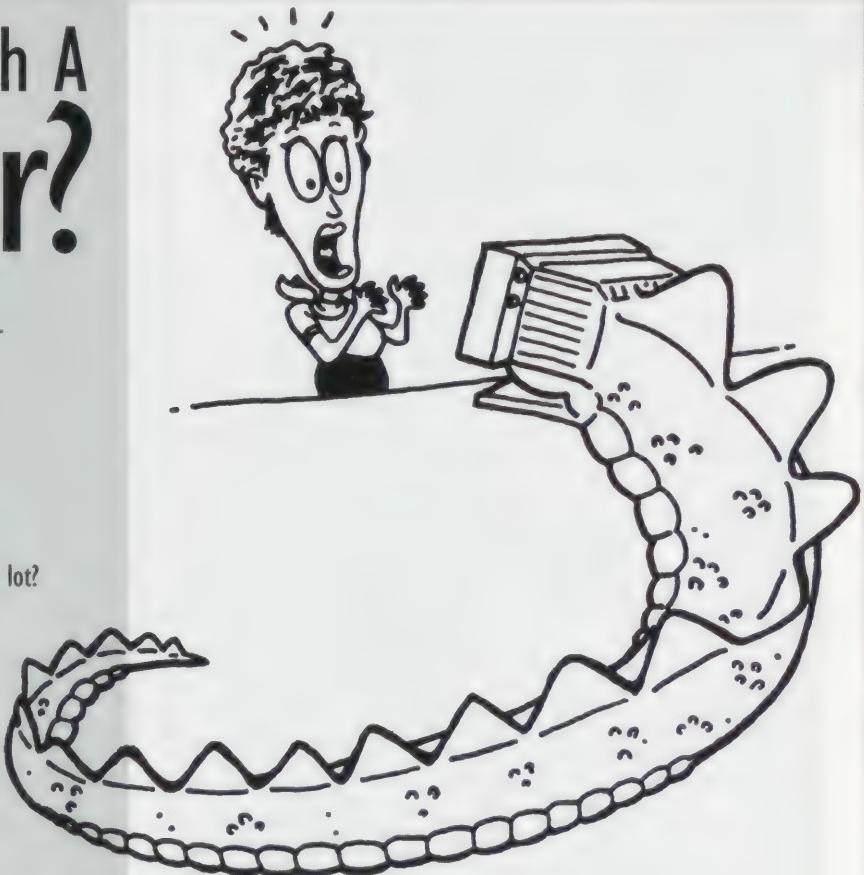
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A Salute to Charles C. Vincent, MD

Charles C. Vincent, MD, a respected Detroit obstetrician/gynecologist, community leader and educator, died July 13, 1995, after a long and courageous battle with kidney failure. He was 61.

A member of the MSMS Board of Directors at the time of his death, Doctor Vincent also was a member of the AMA Council on Medical Education. In addition, he was past president of the Wayne County Medical Society and was former president of the Michigan Board of Medicine.

Doctor Vincent served as chief of gynecology at Hutzel and Detroit Receiving hospitals, and as chief of obstetrics and gynecology at Detroit Riverview Hospital, where he established neighborhood clinics to promote better prenatal care.

He ran twice for Congress (in 1989 and 1992), campaigning both times for improved health care for the poor and elderly. As a clinical and academic leader, Doctor Vincent forged a career of dedication to patients, students, community and colleagues. Much honored for his service, Doctor Vincent was the recipient of the March of Dimes Michigan Humanitarian of the Year Award, MSMS Presidential Citation, City of Detroit Spirit Award and Alumnus of the Year awards from both the Wayne State University School of Medicine and Wayne State University itself.

A 1958 graduate of the Wayne State University School of Medi-

cine, Doctor Vincent served on the boards of several organizations including Michigan Cancer Foundation, New Detroit, Inc., and Hospice of Southeast Michigan. A staunch child welfare advocate, he also served as a board member of Simon House, a home for mothers and babies with AIDS.

Doctor Vincent was "a great man with a gentle spirit...a man of both steel and velvet," said the Reverend Charles G. Adams who delivered an inspiring and eloquent eulogy before a crowd of colleagues, family and friends July 18 in Detroit. "...With steel courage you stormed the sentinels of injustice and challenged the strongholds of oppression...With velvet gentleness you delivered babies, healed women, protected children and raised higher the life changes of all humanity." Reverend Adams honored and thanked Doctor Vincent repeatedly for his "victorious" living. "...You went on against the pains and problems, the perplexities of life. Never angry, never bitter, never resentful, never depressed, always abounding, always achieving...You taught us that we don't have to be determined by our disabilities, we don't have to be defined by our disadvantages, we don't have to be confined by our conditions, we don't have to be defeated by our deficiencies, but we can go on anyhow trust-



ing in God and being victors and not victims.

"I think of that story Daddy King would tell of the doctor who lived out in the country and from all the people who would beat a path to his cottage door. They went one day and noticed that the shades were drawn and the door was shut and locked. There was no light in the window, but they noticed a little sign in the corner of the window that said, 'still in business, just moved upstairs.' Doctor Vincent is still in business, he just moved upstairs where he can keep justice and righteousness and peace and compassion and science all together."

Doctor Vincent is survived by his wife, Martha, daughter, Heather Holley and son, Charles H. Vincent, MD. They have requested contributions in his memory to Detroit Riverview Hospital Program Against Infant Mortality, c/o Ob-Gyn Unit, 7733 E. Jefferson, Detroit, MI 48214. ■

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Frederick R. Armenti, MD
G-4568 Beecher Rd
Flint, MI 48532

GS

Roy E. Arons, MD
7133 Lindenmore
Bloomfield, MI 48301

R

Anita R. Avery
4424 Karen Ann Dr.
Okemos, MI 48864-1907

Michael M. Barbarich, MD
2515 S. 21st. St.
Escanaba, MI 49829

PTH

Henry E. Beckmeyer III, DO
MSU College Of Medicine
East Lansing, MI 48824

AN

Rajesh C. Bhagat, MD
19181 15 Mile Rd.
Clinton Twp., MI 48035

HSO

Timothy J. Bodnar, MD
9344 Pineview Dr.
Plymouth, MI 48170

EM

John Briggs, MD
230 W. Oak
Fremont, MI 49412

FP

Johannes I. Buiteweg, MD
4404 Ouail Hollow Ct.
Saginaw, MI 48603

DR

Thomas Clafton, MD
7525 Watford
West Bloomfield, MI 48322

FP

Sara Ehlike-Bejcek, MD
7072 Hickory Pt. Dr.
Portage, MI 49002

PD

Kenneth Forsman, MD
Allegan Medical Clinic
Allegan, MI 49010-1591

FP

Sunir J. Garg
813 E. Kingsley, #C1
Ann Arbor, MI 48104

Margaret A. Green, MD
589 Randolph
Northville, MI 48167

OM

Annette S. Greenstein, MD
29425 Northwestern Hwy.
Southfield, MI 48034

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Michael A. Henderson, DO
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Holt, MI 48842-9721

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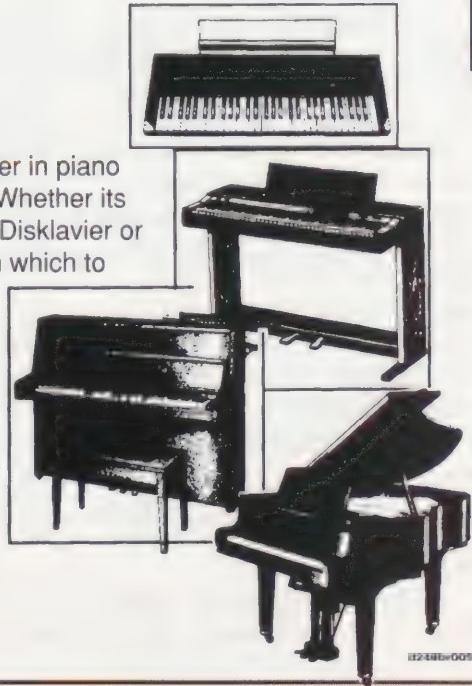
KEYBOARD WORLD

4415 South Westnedge
(at Kilgore) Kalamazoo

342-0500

4339 South Division
Grand Rapids

249-9000



NEW MEMBERS

Joyce E. Kaferle, MD 9884 James Dr. Saline, MI 48176	FP	Alison Lee, MD 541 Elizabeth St. Ann Arbor, MI 48104	AN	Sharon Miller, MD 1750 N. Telegraph, Ste 303 OBG Bloomfield Hills, MI 48302
Mark Kallaway 46577 Sunset Dr. Macomb, MI 48044		Thomas E. Lipps, MD 265 Fremont St. Battle Creek, MI 49017	OM	Lyle S. Mindlin, DO 110 N. Elm Ave. DR Jackson, MI 49202
Chang C. Kim, MD 3697 Barton Farm Dr. Ann Arbor, MI 48105	PD	Gustav J. Lo, MD 116 W. Mitchell Petoskey, MI 49770	GP	Richard Miranda 4585 Seneca Dr. Okemos, MI 48864
Kathy T. Kline, MD 1221 South Dr. Mt. Pleasant, MI 48858	PTH	Andrew Lovy, DO 3340 Hospital Rd. Saginaw, MI 48608-9623	P	Badie M. Najem, MD 215 Ladd Rd. PD Walled Lake, MI 48390
Craig J. Kozler 4578 Donerail, #94 Okemos, MI 48864		Michael A. Mandell, MD 37650 Professional Dr., #125 A. OPH Livonia, MI 48154		Jeffrey P. Pearson, MD 1120 Wines Dr. Ann Arbor, MI 48103
Raffi Krikorian, MD 6742 Park Ave. Allen Park, MI 48101	IM	Peter E. Mikelens, PhD, MD 8483 N. Holly Rd., #103 Grand Blanc, MI 48439	IM	Lisa Posey 3548 S. Doncaster, B-12 Saginaw, MI 48603
Blake Kutsche, MD 3156 Gratiot Marysville, MI 48040	OBG	Lawrence F. Miller, MD 5062 Mansfield, #31 Royal Oak, MI 48073	EM	Jocelyn M. Pouliot, MD 1004 Fennimore Marshall, MI 49068 IM

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CELLULAR ONE

NEW MEMBERS

Continued from previous page

Espiriran Reddy, MD

P.O. Box 159
Spalding, MI 49886

Swati Shah, MD

4201 St. Antoine, 3L-8
Detroit, MI 48201

R

Gary A. Reinheimer, MD

21300 Kelly Rd.
Eastpointe, MI 48021

Dwain L. Stone, MD

3419 Ludington St.
Escanaba, MI 49829-1300

GS

Ruth A. Robin, MD

314 Vailwood Ct.
Bloomfield Hills, MI 48302

John M. Thiel, DO

1200 N. Downriver Rd
Grayling, MI 49738

ORS

Roy L. Rosen, MD

3075 Clark Rd.
Ypsilanti, MI 48197

Jennifer A. Tryban

1795 Nemoke Trails, Apt. 9
Haslett, MI 48840

Donald S. Rosin, MD

1695 W. 12 Mile Rd #200
Berkley, MI 48072-2122

Todd K. Van Heest, MD

4707 St. Antoine Blvd
Detroit, MI 48201

OBG

James S. Scott, MD

1600 W. Grand River
Okemos, MI 48864

Mark Vanderwel

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OBITUARIES

Clifford D. Benson, MD, of Grosse Pointe, died April 25, 1995, at the age of 92. He was a 1928 graduate of Northwestern Medical School, Chicago.

Paul J. Diamante, MD, of Battle Creek, died May 17, 1995, at the age of 75. He was a 1943 graduate of the University of Michigan Medical School.

Andrew J. Hopkins, MD, of Dearborn, died April 5, 1995, at the age of 65. He was a 1957 graduate of the Wayne State University School of Medicine.

Akhter F. Husain, MD, of Grand Rapids, died May 6, 1995, at the age of 52. He was a 1968 graduate of Grant Medical College, Bombay, India.

Donald J. Largo, MD, of Ann Arbor, died June 26, 1995, at the age of 72. He was a 1946 graduate of the University of Michigan Medical School.

Herminio G. Magbanua, MD, of Waldron, died April 17, 1995, at the age of 63. He was a 1958 graduate of St. Tomas University, Phillipines.

Herschel E. Mozen, MD, of West Bloomfield, died April 23, 1995, at the age of 67. He was a 1949 graduate of Case Western Reserve University School of Medicine.

Harold A. Ott, MD, of Brighton, died April 10, 1995, at the age of 89. He was a 1937 graduate of Wayne State University School of Medicine.

William B. Redmon, MD, of Midland, died April 15, 1995, at the age of 71. He was a 1953 graduate of the University of Michigan Medical School.

Robert W. Rinkel, MD, of Allen Park, died March 10, 1995, at the age of 82. He was a 1943 graduate of the Wayne State University School of Medicine.

Curt P. Schneider, MD, of Columbus, North Carolina, died March 16, 1995, at the age of 93. He was a 1924 graduate of the University of Michigan Medical School.

D. Roemer Smith, MD, of Iron Mountain, died April, 1995 at the age of 96. He was a 1925 graduate of the State University of Iowa College of Medicine.

Gerald S. Wilson, MD, of Troy, died June 15, 1995, at the age of 75. He was a graduate of Western Reserve Medical School, Cleveland, Ohio.

Remember your colleagues and loved ones

There isn't a more lasting and rewarding way to remember your colleagues and loved ones than by making a contribution in their memory to the **MSMS Health Education Foundation**. Contributions made to the MSMS Health Education Foundation help support numerous worthwhile community-based projects, such as CPR training, parent respite centers and language disability centers. Decide today to honor your colleagues or loved ones by making a contribution to the Foundation. For more information contact Dawn M. Reha, Executive Secretary, 120 W. Saginaw, East Lansing, MI 48823, (517) 336-7589.

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BOARD OF MEDICINE ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Frederick Aptowitz, MD, 28975 Walnut Grove Ln., Southfield, MI 48034

Action, Date Taken: License Revoked, Fine - \$10,000.00, 07-13-95

Reason: Negligence/Incompetence, Lack of Good Moral Character, Criminal Conviction

Name: Paula G. Davey, MD, 425 E. Washington, Ann Arbor, MI 48104

Action, Date Taken: Probation - 18 mo., 05-17-95

Reason: Negligence

Name: Michael A. Marshall, MD, 23300 Providence Drive, Apt. 909, Southfield, MI 48075

Action, Date Taken: Reinstated w/Limited License, Probation - 4 yrs., 05-17-95

Name: David H. Middleton, MD, 1130 Fair Oaks, Ann Arbor, MI 48104

Action, Date Taken: License Revoked, Fine - \$16,000.00, 06-21-95

Reason: Negligence-Incompetence, Lack of Good Moral Character

Name: Norman R. Schakne, MD, 26711 Woodward Ave., Ste. 200, Huntington Woods, MI 48070

Action, Date Taken: License Suspended - 6 months & 1 day, Fine \$5,000.00, 07-13-95

Reason: Negligence-Incompetence, Lack of Good Moral Character

Name: Timothy L. Stern, MD, 400 Panorama Trail, Rochester, NY 14625

Action, Date Taken: Reinstatement Denied, 05-15-95

Reason: None Available

Name: Erol Ucer, MD, 1513 S. Center Road, Burton, MI 48509

Action, Date Taken: Probation - 1 yr., Fine - \$1,000.00, 06-08-95

Reason: Criminal Conviction, Insurance Fraud

Name: John C. VanDalson, MD, 3537 W. Front St., Suite E, Traverse City, MI 49684

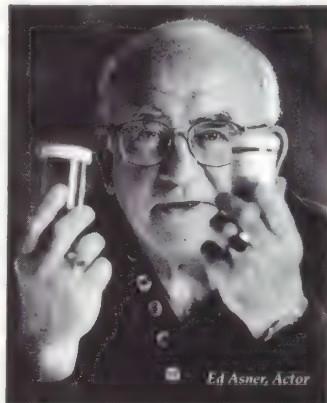
Action, Date Taken: License Suspended - 30 days, 06-16-95

Reason: Negligence

Name: William W. Waugh, DO, 215 Ridge Road, Albert Lea, MI 56007 **Action, Date Taken:** Reprimand, Fine - \$1,000, 06-01-95

Reason: Failure to Report/Comply, Sister State Disciplinary Action

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SEPTEMBER

9-10, Update on Chronic Pain Management 1995. **Location:** Dearborn Inn, Dearborn, Michigan. **Sponsors:** Michigan Center for Pain Management and Rehabilita-

tion and Oakwood Hospital Department of Anesthesia. **Contact:** Dennis Zikowsli, MD, Oakwood Hospital, Department of Anesthesia, 18101 Oakwood Blvd., Dearborn, Michigan, 48123-2500, (313) 593-7820. **Approved for:** 10.0 hours of Category I Credit.

11-16, Pediatric Board Review. **Location:** Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School, Michigan Association of Pediatric Program Directors, Michigan Chapter, American Academy of Pediatrics. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 63.5 hours of Category I Credit.

14, Osteoporosis for the Primary Care Physician: Diagnosis, Prevention & Therapy. **Location:** The Dearborn Inn, Dearborn, Michigan. **Sponsor:** Wayne State University School of Medicine. **Contact:** Wayne State University School of Medicine, Division of Continuing Medical Education, (313) 577-1180. **Approved for:** 4.5 hours of Category I Credit.

14-16, Cancer Prevention and Screening. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.0 hours of Category I Credit.

14-16, Suffering and Healing: Exploring the Connections Between Physicians and Patients. **Location:** The Fetzer In-

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stitute, Kalamazoo, Michigan. **Sponsors:** American Academy on Physician and Patient, The Fetzer Institute, and the Michigan State University Kalamazoo Center for Medical Studies. **Contact:** Robert C. Smith, MD, Course Director, B306 Clinical Center, Michigan State University, East Lansing, Michigan, 48824, (517) 355-6516. **Approved for:** 14 hours of Category I Credit.

15-16, 17th Annual Cardiology Seminar. Location: Kellogg Center, Michigan State University, East Lansing, Michigan. **Sponsor:** Michigan Medical Healthcare Continuing Medical Education, Michigan State University College of Human Medicine Continuing Medical Education Department. **Contact:** Michigan Capital Healthcare, Continuing Medical Education Department, 2025 S. Washington, Suite #320, Lansing, Michigan, 48910-0817. **Approved for:** 12 hours of Category I Credit.

19-22, OHEP-WSU Basic Laser & Electrosurgery Courses - Colposcopy, Basic Surgery, OB/GYN Surgery, Basic Nursing & Hysteroscopy/Laparoscopy.

Location: Wayne State University School of Medicine, Detroit, Michigan. **Sponsor:** Wayne State University School of Medicine. **Contact:** Wayne State University School of Medicine, Division of Continuing Medical Education, (313) 577-1180. **Approved for:** CME Category I and Nursing CEUs available.

21-22, Critical Clinical Issues in the Care of the Elderly: Geriatrics and Oral Health.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School,

P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400.

Approved for: 14.5 hours of Category I Credit.

21-24, American College of Physicians 1995 Michigan Chapter Scientific Meeting.

Location: Grand Traverse Resort, Traverse City, Michigan. **Sponsors:** Michigan Chapter of the American College of Physicians and Michigan Society of Internal Medicine. **Contact:** ACP Michigan Chapter, Attn: Linda Balzer, B-208 Clinical Center, Michigan State University, East Lansing, Michigan, 48824-1313. **Approved for:** CME provided by ACP.

22, Oncology into the Next Century. Location:

Radisson Plaza Hotel, Kalamazoo, Michigan. **Sponsor:** West Michigan Cancer Center, Kalamazoo, Michigan. **Contact:** West Michigan Cancer Center, (616) 373-7456. **Approved for:** 11 hours of Category I Credit.

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CATEGORY I COURSES

27-28, Office Procedures for Primary Care Physicians: 7th Annual Workshop Course.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400.

Approved for: Category I Credit.

28, Silicone Breast Implants: Epidemiological, Biochemical & Medical Considerations. **Location:** Cobo Hall, Detroit, Michigan. **Sponsor:** The Institute for Occupational & Environmental Medicine. **Contact:** The Institute for Occupational & Environmental Medicine, 22255 Greenfield Rd., Suite 440, Southfield, MI 48075. **Approved for:** 6 hours of Category I Credit.

29, The Office Practice of Adolescent Medicine. **Location:** The Plaza Hotel, Southfield, Michigan. **Sponsor:** Wayne State University School of Medicine, Detroit, Michigan. **Contact:** Wayne State University School of Medicine, Division of Continuing Medical Education. Phone: (313) 577-1180. Fax: (313) 577-7560. E-Mail: RBOLLIN@CMS.CC.WAYNE.EDU **Approved for:** 6.5 hours of Category I Credit.

29-30, New Directions in the Assessment and Management of the Difficult Low Back.

Location: Wayne County Medical Society, Detroit, Michigan. **Sponsor:** Wayne State University School of Medicine, Detroit, Michigan. **Contact:** Wayne State University School of Medicine, Division of Continuing Medical Education, (313) 577-1180. **Approved for:** 11.5 hours of Category I Credit and 14 contact hours of Nursing CE credits.

30, Surgical Radiography: Radiographer Strategies for Problem Solving in the Operating Room. **Location:** University of Michigan, Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical

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School, Department of Radiology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 6.5 Credit hours of Category I Credit.

OCTOBER

5-6, Pediatric Critical Care Anesthesia Conference. **Location:** Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 10 hours of Category I Credit.

6-7, OB Ultrasound. Location:

Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.25 hours of Category I Credit.

6-8, Michigan Chapter of the American College of Cardiology Seventh Annual Conference. Location:

Park Place Hotel, Traverse City, Michigan. **Sponsors:** The Michigan Chapter of the American College of Cardiology and Henry Ford Health Systems. **Contact:** Alice Betz, (517) 663-6622. **Approved for:** 7.0 hours of Category I Credit.

12-13, Infection Control Conference. Location:

Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medi-

cal School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 11 hours of Category I Credit.

12-14, The Grand Rapids

22nd Annual International Symposium on Implant Surgery for the Hand, Upper Extremity, and Foot (including surgical demonstrations on live closed circuit color television). Location: Blodgett Memorial Medical Center, Grand Rapids, Michigan. **Sponsors:** The International Federation of Societies for Surgery of the Hand, the Dissemination of Knowledge Foundation, and Blodgett Memorial Medical Center. **Contact:** Alfred B. Swanson, MD, Blodgett Professional Building, 1900 Wealthy S.E., Suite #290, Grand Rapids, Michigan, 49506, (616) 774-0440, fax - (616) 774-8280. **Approved for:** 18 hours of Category I Credit.

14, Care of the Terminally Ill.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan.

Continued on page 66

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Continued from page 64

gan. **Sponsor:** University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 6.5 hours of Category I Credit.

19-21, The Seventh Annual Modern Perinatal Problems.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

20-22, Prostate: Its Diseases and Associated Conditions.

Location: Ritz Carlton Hotel, Dearborn, Michigan. **Sponsor:** The University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 15 hours of Category I Credit.

21, Current Initiatives in the Care and Treatment of Asthma.

Location: Dearborn Inn, Dearborn, Michigan. **Sponsor:** The University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 8 hours of Category I Credit. ■



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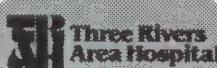
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Continued on page 73

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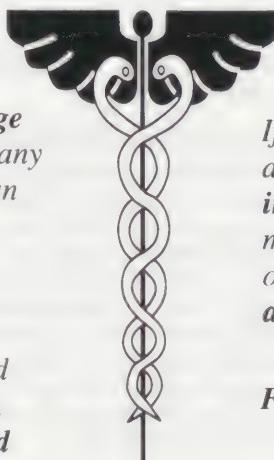
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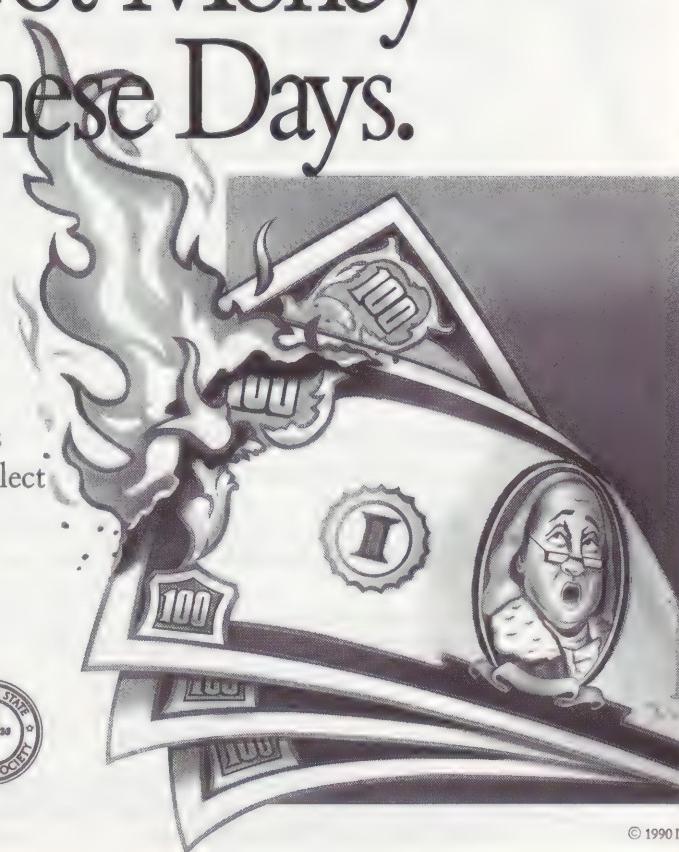
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AD INDEX

Allied Office Interiors	14	Meadowbrook	IBC
Basha	62	Medical Billing Corp.	8
Bennethum Computers	66	Medical Billing Service	2
Binson's	69	Metpath of Michigan	67
Blue Cross Blue Shield	10	MI Beef Industry	58
Botsford General Hospital	65	MI Book Store	56
Butterworth Health System	73	MPMLC	BC
Butterworth Hospital	60	MSMS Group Insurance Trust	4
Cellular One	55	Oakwood Health Care System	71
City of Detroit	73	PC Medical	61, 66
Civitec	52	PCS Health Systems	51
Colonial Valley Software	21	Physician Service Group	1
Comerica	63	Physicians Leasing Co.	17
Curare	68	PICOM	IFC
Davis Smith	72	Pinkus Dermatopathology Lab., PC	20
DMC Health Centers	71	Premier	63
Doctor Chiodo	73	Professional Practice Sales	70
First Care	6	St. Francis	69, 71, 75
Global Holidays	64	Sterling	70
Harper Associates	68	Stratton Cheeseman & Walsh	11
Hospital & Health Services Credit Union	57	Strelchek	74
IC System	74	Three Rivers	69
Jirous Mgt. Grp.	62	Toronto Neurology	61
Keyboard World	54	US Air Force	72
The Law Center	16		

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PRESIDENT'S PAGE

Managed Care and Capitation: If it hasn't reached your neck of woods, get ready

By B. David Wilson, MD

From my relatively secluded outpost in Southwest Michigan I hear a lot of denials from my more rural colleagues about managed care and capitation.

"It will never happen here," they proclaim.

"That won't affect me," they assert.

It's true that managed care and capitation are getting a foothold in Michigan's higher population centers first, but its spread is as inevitable as that of the Internet. The diffusion is already occurring.

Michigan employers, large and small, are eager for any kind of relief from escalating costs of providing health care benefits to their employees. Many are grasping at various forms of managed care and capitated programs, even small local businesses in rural Michigan.

And Medicaid's Physician Sponsor Plan—an effective program which MSMS supports—is, in fact, a form of managed care.

All physicians will be affected by it

Rural physicians everywhere, including those in the outer reaches of the Upper Peninsula, are or will be affected by it.

Over the past two years MSMS has offered a number of highly successful conferences on managed care and capitation that have established us as a leader in educating physicians about coming changes in health care delivery. Various MSMS committees and staff are working diligently to keep our 12,000 members informed about what is on the horizon. More conferences, including one on September 15-16 entitled, "Physician Organizations: Putting Doctors in the Drivers' Seat," will be presented. The Physician Executive Leadership Institute on September 21-23 also



will cover managed care. And, of course, we will keep MSMS members informed through *Medigram* and *Michigan Medicine*.

Effective communication only happens, however, when there is an openness both ways. No matter how hard one may try to transmit a message, if the receiver is turned off on the other end, the message goes nowhere. I am convinced that with knowledge comes preparedness and that fear of the unknown is a major stumbling block to success in any endeavor, but especially in medicine. This is really another aspect of physician well-being. If you are prepared, you are better able to handle the stresses that changes like managed care bring with it.

MSMS stands ready to assist you

So I urge my rural colleagues, any colleagues, who remain in denial about managed care and capitation or any of the other changes in health care delivery looming on the horizon, to get informed and stay informed. Call MSMS staff members Tom Wolff (517-336-5740) or Mary Anne Ford (517-336-5721) for a quick remedial session or reprints of informative pieces already distributed.

We can't let ourselves end up like the geese who are force-fed only to be ultimately sacrificed by the managers for pate' de foie gras.

If you have comments or experiences with managed care and capitation that you would like to share with your colleagues, or if you would like details about the coming conferences, please fax me a note at MSMS at 517-337-2490.

I would like to hear from you. My ears are open. ■

Doctor Wilson is MSMS president.

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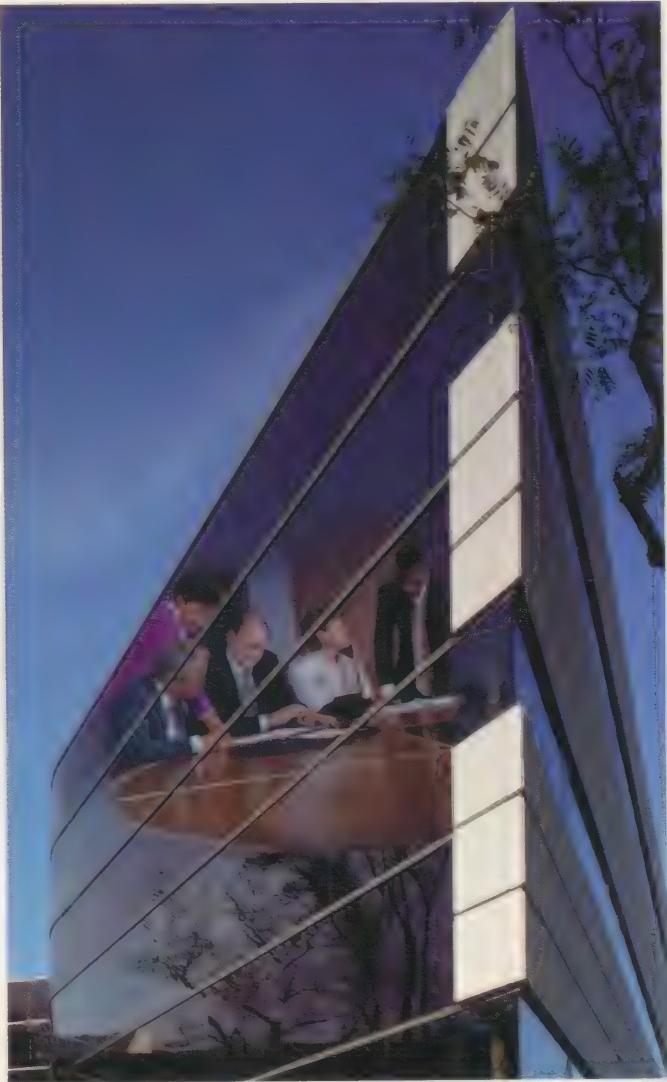
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MÉDICINE

OCTOBER 1995
VOL. 94, NO. 10

*Award-Winning
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COVER
STORY

The Advent of Mergers

A new group practice is taking shape in Michigan

Also included:

MSMS Alliance News

Women in Medicine

Medicaid Q&A

PO Site Visit Report

Stop-Loss Insurance

MSMS Annual Scientific Meeting Preview



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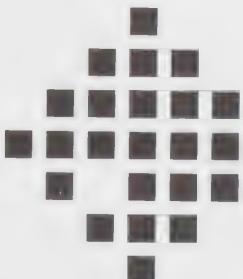
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OCTOBER 1995 VOLUME 94, NO. 10



18



26



33

COVER STORY

- 18** A new type of group practice is taking shape in Michigan — one that may become the model of 21st century medical practice. It looks nothing like the older models which were centered around an activity, usually a hospital. According to James J. Aluia, MSMS chief of practice management and PO development, the new group practice may be a local doctor in his office by himself. "The only visible difference is to whom a patient makes out his check," he says. This month's cover story describes the new group practice and why physicians are finding it so attractive.

FEATURES

- 25** **MSMS Alliance News** MSMS Alliance Vice President Blanche L. Mindlin offers her insights on what it takes to work successfully with your physician spouse.
- 26** **Women in Medicine - Part II** MSMS aims to strengthen ties with women physicians. *By Tama D. Abel, MD*
- 29** **Michigan Medicaid Physician Sponsor Plan** MSMS provides answers to your most frequently asked questions.
- 33** **Special Report - March into the Next Millennium** More than 106 buses from Wayne County and more than 100 buses from other parts of the state traveled to Lansing on October 22, 1985 to petition the state legislature for liability tort reform legislation. This special eight-page report commemorates that historical event through a variety of photographs and anecdotes offered by several physicians and spouses.
- 41** **Physician Organizations** MSMS recently completed the ninth in a series of site visits to physician organizations across the country. The feature describes the key findings of this visit. *By Ginger L. Marenich*
- 44** **Protect yourself from financial loss** A brief description of the new MSMS/MPMLC stop-loss insurance program. *By Peter A. Duhamel, MD*
- 51** **MSMS Annual Scientific Meeting Preview** A special six-page guide to the upcoming MSMS Annual Scientific Meeting to be held Nov. 2-4 in Lansing.

DEPARTMENTS

- 7** MSMS on the Move
9 Legal Briefs
13 Surfing the Net
14 Members on the Move
17 Board of Medicine Actions
47 Names in the News
58 Category I Courses

- 63** Meetings
64 Classified Advertising
72 President's Page
61 Category I Courses
68 Classifieds
76 President's Page

In next month's issue: MSMS Membership Report

Cover illustration by: Robert L. Brent

New Disability Income Program for MSMS Members



The Michigan State Medical Society now offers a comprehensive disability program for MSMS members only. It features:

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MICHIGAN MEDICINE

Michigan State Medical Society

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Cosponsored by Michigan Health Care Education and Research Foundation, Inc., Blue Cross Blue Shield of Michigan, and the Michigan Physicians Mutual Liability Company, the conference will help you to evaluate how each of these initiatives will affect your practice, and your relationships with your patients and payers.

The keynote speaker is John Wennberg, MD, MPH, director of the Center for Evaluative Clinical Sciences at Dartmouth Medical School. Moving beyond his pioneering work on small area analysis, Doctor Wennberg has linked practice variation to patient outcomes through clinical trials evaluating both short and long-term outcomes. Other speakers will cover outcomes measurement in inpatient/outpatient settings, provider use of outcomes data and practice guidelines, government initiatives, severity adjustment and employer perspectives.

Registration is \$225 for members and \$375 for nonmembers. Call MSMS at 517-336-5769 to register.

In related news, MSMS is proceeding with an evaluation of Michigan health plans according to a comprehensive outline prepared by the MSMS Liaison Committee with Third Party Payers. MSMS was given that go-ahead by its Board of Directors in July. Watch *Medigram* and MSMSNET for updates!

"Making the Rounds" to visit nine more hospitals; More on tap

MSMS has scheduled nine "Making the Rounds" programs in Michigan hospitals this fall, with an additional 27 in the works through 1996. The highly-successful project brings MSMS/MPMLC staff and leaders to the hospital homes of members, where physicians may obtain details of services and projects which can help the doctors in their daily work. Topics include current legislation, insurance coverage, managed care updates, and services endorsed for members by MSMS. A typical "Making the Rounds" program consists of informal meetings and scheduled one-on-one appointments during the day, with presentations at the hospital staff meeting that evening.

MTRs are scheduled; November 7 at Harper Hospital, Detroit; November 13 at Memorial Medical Center, Ludington; November 14 at Mercy Memorial Medical Center, St. Joseph, and December 13 at Bay Medical Center, Bay City.

For more information, contact Tom Plasman at MSMS at (517) 336-5724.

Free MSMS seminar to help doctors, Alliance members sharpen po-

For details on these and other issues call William E. Madigan, Executive Director, MSMS, 517-337-1351.

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MSMS LEGAL BRIEFS



Editor's Note: If you have a legal question you would like answered by MSMS legal counsel in this column, jot it down and send it to Betty McNerney, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950.

Withdrawal of life support

By Richard D. Weber, MSMS Legal Counsel

*Michigan Supreme Court
determines guardian of
patient who suffered from a
mixture of impairments
cannot order withdrawal of
life support despite pre-
injury statements of patient
that he would not want to
live "like a vegetable."*

In a case of first impression in this state, the Michigan Supreme Court has determined that the guardian of a man who was neither terminally ill nor in a persistent vegetative condition, but who suffered from a mixture of impairments that made it impossible to evaluate the extent of his cognitive function, could not order the withdrawal of life-sustaining medical treatment despite pre-injury statements that he would not want to live "like a vegetable." In RE Martin (Docket Nos. 99699, 99700) decided August 22, 1995.

The case involves an Allegan County man who sustained debilitating injuries in an automobile/train accident on January 16, 1987. The injuries significantly impaired his physical and cognitive abilities, and left him unable to walk or talk. He was dependent upon a colostomy for defecation and a gastrostomy for nutrition. His wife was appointed his legal guardian and conservator.

Approximately five years after the accident, Mrs. Martin contacted the Bioethics Committee at Butterworth Hospital, where Mr. Martin was being treated for an obstructed bowel, to determine whether his life-sustaining medical treatment should be withdrawn. Following consultation with the guardian, a family friend, social worker and Mr. Martin's treating physician and nurses, the committee issued a report stating that withdrawal of nutritive support was both medically and ethically appropriate. However, the hospital required court authorization.

Mrs. Martin petitioned the Allegan County Probate Court on March 19, 1992 for authorization to withdraw Mr. Martin's nutritive support. That petition was opposed by Mr. Martin's mother and sister. The Probate Court ultimately refused to authorize the withdrawal of life support because Mr. Martin's pre-injury desires relative to his treatment preferences were not in writing.

Writing requirement without legal precedent

Mrs. Martin appealed and MSMS became involved in the case as an amicus curiae. In its "friend of the court" brief, MSMS argued that the writing requirement enunciated by the Probate Court as a condition for withdrawing life-sustaining treatment was without legal precedent. Such a requirement imposed an onerous burden upon the exer-

Continued on next page

cise of the right and forever barred patients who had not created a pre-injury written directive, from refusing unwanted medical care. The Michigan Court of Appeals agreed that the Probate Court erred and held that a writing was not required to exercise an incompetent's right to refuse medical treatment. The Court then remanded the case back to the Probate Court for more specific findings of fact and conclusions of law regarding Mr. Martin's decision-making capacity and present level of functioning.

After evaluating the evidence on remand, the Probate Court found that Mr. Martin was not competent to make a medical treatment decision and that Mrs. Martin had demonstrated by clear and convincing evidence that before his injuries, Mr. Martin expressed a medical preference to decline life-sustaining medical treatment under the circumstances presented. Mr. Martin's mother and sister appealed this decision, but it was affirmed by the Michigan Court of Appeals which held that Mr. Martin's condition fit squarely within the parameters under which he had indicated he would decline life-sustaining medical treatment. The case was then appealed to the Michigan Supreme Court.

After a "painstaking review of the facts," the Michigan Supreme Court decided, six to one, that there was not clear and convincing proof that Mr. Martin made a firm and deliberate decision, while competent, to decline medical treatment under his present circumstances. Mindful that the paramount goal was to honor, respect and fulfill Mr. Martin's decision, regardless of his current incompetency, the Court acknowledged that "neither law, medicine nor philosophy" could provide a wholly satisfactory answer to the question presented. The Court explained:

"To err either way has incalculable ramifications. To end the life of a patient who still derives meaning and enjoyment from life or to condemn persons to lives from which they cry out for relief is nothing short of barbaric. If we are to err, however, we must err in preserving life."

Patient preference must be proven

The Court agreed that the right to refuse medical treatment was a necessary corollary of the common-law right to informed consent. The right survives incompetency and may be exercised by a surrogate decision-maker. However, this can occur only when it can be proven, by clear and convincing evidence, that the particular patient would have refused the treatment under the circumstances involved. The patient's pre-injury statements, made

while competent, must illustrate a firm and settled commitment to this end. The predominant factor of the commitment is a "prior directive" in which the patient addresses the situations under which he would prefer that medical intervention cease.

Applying this analysis to the case before it, the Supreme Court acknowledged that Michael Martin had previously said that he did not want to live like a vegetable. His wife testified that they had discussed, on several occasions, their wishes if either was to become involved in a serious accident or contract a disabling or terminal illness. Mr. Martin's position was always the same, she said. He did not want to be kept alive on machines and made her promise that she would never permit it.

Some of the conversations Mrs. Martin had with her husband occurred after they watched movies about people who were no longer mentally competent, either due to illness, accident or old age. Others involved people who could no longer do things for themselves, such as persons who were unable to feed or dress themselves, needed to wear diapers or have other measures taken to continue their lives. Mrs. Martin said her husband stated, on several occasions, that he would never want to live like that. He did not want to be put on machines if there was no hope of getting better. He did not want to live "like a vegetable" and thought "it was unfair to the person who had to be kept alive on machines because that person would always be in pain." Mr. Martin had had similar conversations with co-workers. Nonetheless, the Court did not believe that such testimony constituted clear and convincing evidence of his desire to refuse treatment in his *present condition*.

Written directive should not be necessary, MSMS argues

The issue of a writing requirement was resurrected in the Michigan Supreme Court by Amicus Curiae Michigan Protection and Advocacy Service, Inc. ("MPAS"), which asked the Supreme Court to prohibit the exercise of a legally incapacitated person's right to refuse life-sustaining medical treatment if the patient's desires were not stated in writing when he was competent. Absent a written directive, MPAS urged the Court to require "a full judicial hearing" including "specific procedural protections." MSMS again submitted an Amicus Curiae Brief challenging a writing requirement. MSMS opined:

"Physicians offer technologically advanced life-prolonging medical treatment to their patients in

order to give them every possible chance at recovery. However, when recovery is not possible, when treatment no longer serves its intended purpose, and when there is clear and convincing oral evidence of the patient's desires, they should not be prevented from effectuating the termination of treatment solely because a written directive does not exist."

The Michigan Supreme Court agreed that oral statements could be considered. While optimally, a patient's prior directive would be expressed in a living will, patient advocate designation or durable power of attorney, the Supreme Court did not preclude consideration of oral statements made under the proper circumstances. The weight to be accorded a prior oral statement depends upon the remoteness, consistency, specificity and solemnity of the prior statement. Statements made in response to seeing or hearing of another's prolonged death do not fulfill the clear and convincing standard. Only when the statements "clearly illustrate a serious, well-thought-out, consistent decision to refuse treatment under these exact circumstances, or circumstances highly similar to the current situation, should treatment be refused or withdrawn."

Opinion not likely to help guide future decisions

Michigan now joins a small minority of states which have similarly required that the exacting clear and convincing evidence of prior wishes standard be met before treatment can be withheld. However,

because the majority carefully confined its analysis to the facts of this particular case, the opinion may not be of great assistance in guiding future decision-making. The majority expressly acknowledged that another approach, or a more objective standard, may be necessary and appropriate under other circumstances. It expressly declined to articulate a "proper decision-making standard" for patients who have never been competent, for patients who exist in a persistent vegetative state, for patients who are experiencing great pain, or for patients who are terminally ill. The facts of each case present "unique circumstances" and the Supreme Court deemed it "unrealistic" to establish a rigid set of guidelines to be used in all cases.

The opinion also leaves uncertain the procedure to be utilized by a guardian who seeks to exercise a patient's right to refuse life-sustaining medical treatment. Who is to determine whether clear and convincing evidence of the patient's previously expressed wishes exists? The opinion places the burden of establishing clear and convincing evidence of the incompetent patient's prior wishes upon the surrogate decision-maker, then states that in the absence of such evidence "courts will not authorize the removal of life-sustaining medical treatment." Does this mean that a court order is required in all cases? Such a conclusion would certainly appear to contravene present practice. ■

Richard Weber is a senior partner with Kerr, Russell & Weber, Detroit.

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SURFING THE INTERNET

By Nicholas J. Lekas, MD

"Surfing the Internet," is a monthly Michigan Medicine feature which offers physicians practical "how-to" tips and timely information on using the Internet. If you have a specific question regarding the Internet or MSMSNET, contact Andrew T. Clay at MSMS via E-mail at aclay@msms.org or by phone at (517) 336-7601.

Here's how to use bookmarks

There is nothing more frustrating than surfing the net, and finding a terrific location, and then not remembering how you got there. The solution is quite simple—use a bookmark.

A bookmark stores the location name of the site you are currently visiting, so that you can return with one click of the mouse. With the preferred site on your screen, just select *Bookmark* from the Netscape file menu, and choose *Add Bookmark* or hit *Ctrl-A*. Later, to access your bookmarked site, select *Bookmark* from the Netscape file menu, and select the site by title. Refer to *Netscape On-line Help* for more information about customizing your bookmarks.

Take time to visit these sites

Next time you are surfing the 'net, hang ten at the National Library of Medicine. The National Library of Medicine's Hyperdoc is currently being featured on MSMSNET's Internet links. (Click on *Hyperdoc* under "Medical WWW Sites" on the MSMS home page, or access *Hyperdoc* by using the following URL: <http://www.nlm.nih.gov/>)

You certainly will be impressed with the enormous wealth of information provided by the NLM's Hyperdoc. Access to NLM databases and NIH databases, as well as links to many others on the Internet, makes Hyperdoc a very powerful tool for physicians.

The NLM offers extensive on-line information services dealing with clinical care, toxicology and environmental health, and basic biomedical research; has several active research and development components, including an extramural grants program, and houses an extensive History of Medicine collection, and other useful programs.

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Internet term

:) This odd symbol is one of the ways a person can portray "mood" in the very flat medium of computers—by using "smiley faces." This is "metacommunication," and there are literally hundreds of such symbols, from the obvious to the obscure. This particular example expresses "happiness." Don't see it? Tilt your head to the left 90 degrees. Smiles are also used to denote sarcasm. ■

Doctor Lekas is chair of the MSMS Committee on Technology in Medicine. He may be contacted via E-mail at nlekas@msms.org

MSMS Members On the Move



Barbara Menzies, MD, is the newly-appointed chief of internal medicine at The Detroit Medical Center's Harper Hospital. She is the first woman to be named to the post. Board certified in internal medicine, Doctor Menzies recently completed a master's degree in administrative medicine at the University of Wisconsin-Madison. She is a graduate of the Wayne State University School of Medicine, as well as the WSU Affiliated Hospitals Internal Medicine Training Program where she completed her internship and residency.

Ronald M. Davis, MD, state government's top physician, is the newly-named director of the Center for Health Promotion and Disease Prevention at Henry Ford Health System. Doctor Davis spent four years as chief medical officer for the Michigan Department of Public Health. He assumed his new duties as director of the newly-formed center in late September. As director, Doctor Davis will work on an array of activities designed to improve the health of Southeastern Michigan.

Krishna Nayak, MD, is chief of radiology at the VA Hospital in Allen Park. He served as acting chief of radiology from July 1994 until his appointment in August 1995. Doctor Nayak has been a member of MSMS and the Wayne County Medical Society since 1976.

Harold J. Sauer, MD, professor of obstetrics and gynecology, Michigan State University College of Human Medicine, is recipient of the Gender Equity Award from the American Medical Women's Association. This award is given to clinical faculty members who "promote a gender fair environment for education and training of women physicians and assure equal opportunities for women and men to study and practice medicine."

Janet Osuch, MD, associate professor of surgery, Michigan State University College of Human Medicine, will receive the Bertha Van Hoosen Award from the American Medical Women's Association at its annual meeting in November. A nationally-recognized expert in the field of breast cancer, Doctor Osuch is being honored for her "interest, enthusiasm and expertise" in the treatment of breast cancer.



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Gary Weltman, MD, is a newly-appointed member of the medical staff at St. John Hospital and Medical Center. A 1984 graduate of the Boston University School of Medicine, Doctor Weltman completed his residency in family practice at St. Joseph's Hospital Health Center, Syracuse, NY, in 1987. He is formally an associate director of the family practice residency at United Health Services Hospitals, Johnson City, NY.

Narayana Rao Parasu, MD, is the newly-named medical director of the Rehabilitation Center at Mecosta County General Hospital. A graduate of Sri Venkateswara University, India, Doctor Parasu completed his residency in physical medicine and rehabilitation at Jewish Hospital of Washington University Medical Center, St. Louis, MO.

Peter A. Duhamel, MD, chair of the MSMS Board of Directors and a Rochester general surgeon, has been appointed by Rep. Joseph K. Knollenberg (R-Bloomfield Hills) to serve on the Congressman's Health Care Advisory Committee. According to Rep. Knollenberg: "It is my goal to have the Advisory Committee discuss all aspects of health care reform...Since debate on Medicare will begin in the House this fall, the main topic of our first meeting will be Medicare reform. Preserving, protecting and strengthening this vital system is our goal and your views are an important part of my efforts."

Francis J. Verde, MD, a Grand Rapids radiologist, is a newly-named fellow of the American College of Radiology. Doctor Verde practices at St. Mary's Health Services, Michigan State University and Kent Radiology, PC.

Kenneth J. Levin, MD, is newly-appointed director of the Department of Radiation Oncology at North Oakland Medical Centers, Pontiac. Doctor Levin is a graduate of the University of Michigan Medical School. He completed his residency in internal medicine at the University of Pittsburgh, and in radiation oncology at the University of California. He previously served as resident and chief resident of radiation oncology at the University of California.

Barbara J. Cingel, MD, of Farmington Hills, has joined the Southfield internal medicine practice of Doctors Carney & Lewis, PC. Doctor Cingel earned her bachelor's degree from Wayne State University before graduating from Wayne State University School of Medicine in 1992.

James M. Fox, MD, FACEP, vice chief of Emergency Medicine at St. John Hospital and Medical Center, is the newly-elected president of the Michigan College of Emergency Physicians.

A scholarship fund has been established in the name of **Paul C. Linnell, MD**, an East Lansing ophthalmologist who recently retired. In honor of his commitment to patient care and community service, the Paul C. Linnell Scholarship Fund will annually award a scholarship to one medical student at Michigan State University who embodies Doctor Linnell's ideals as exemplified through outstanding community service and academic excellence. ■

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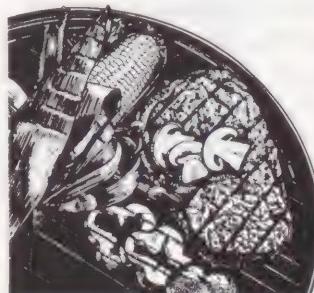
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BOARD OF MEDICINE ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Harvey Bergren, DO, 3316 West River Road, Muskegon, MI 49445

Action, Date Taken: Reinstated w/Limited License Probation concurrent w/limitations, 07-11-95

Reason: None Available

Name: Jeffrey D. Gerber, DO, 17502 Irvine Blvd. F, Tustin, CA 92680

Action, Date Taken: License Suspended - 60 days, 07-28-95

Reason: Negligence-Incompetence

Name: Oscar Gieberman, MD, 309 Greenwich Ave., Apt. C103, Warwick, RI 02886

Action, Date Taken: Fine-\$2,500.00, 08-21-95

Reason: Negligence

Name: Thomas J. Hegarty, MD, 105 N. Main St., P.O. Box 135, Jenera, OH 45841

Action, Date Taken: Probation until 4-30-96, 07-21-95

Reason: Substance Abuse Failure to Report/Comply Sister State Disciplinary Action

Name: Eduardo M. Herrero, MD, 3729 Fort, Lincoln Park, MI 48146

Action, Date Taken: By Order of the Board of Medicine dated 7-19-95, the Order dated 4-18-95 and effective 5-18-95 is Rescinded.

Reason: None Available

Name: Lawrence M. Holloway, Jr., DO, G-5200 Corunna Road, Flint, MI 48532

Action, Date Taken: License Revoked, Fine \$50,000.00, 08-10-95

Reason: Criminal Conviction-Drug Related

Name: Benjamin E. Imperial, MD, 16 E. Buffalo St., New Buffalo, MI 49117

Action, Date Taken: License Suspended-6 mo. & 1 day, License Permanently Limited, Fine-\$5,000.00, 07-19-95

Reason: Criminal Conviction-Drug Related

Name: Roger A. Meharry, MD, P.O. Box 516, Rusk, TX 75785

Action, Date Taken: Permanent Surrender of License, 07-19-95

Reason: Probation Violation, Failure to Report Sister State Disciplinary Action

Name: Richard W. Minielly, MD, 117 Professional Rd., Roanoke Rapids, NC 27870

Action, Date Taken: License Suspended-6 mo. & 1 day, Fine-\$2,000.00, 08-21-95

Reason: None Available

Name: Benjamin A. Monato, MD, 1643 Shaker Heights Dr., Bloomfield Hills, MI 48304

Action, Date Taken: License Summarily Suspended, 07-28-95

Reason: Criminal Conviction-Insurance Fraud

Name: Subha Suram Reddy, MD, P.O. Box 02252, Detroit, MI 48202

Action, Date Taken: Probation concurrent w/medical residency program, 08-21-95

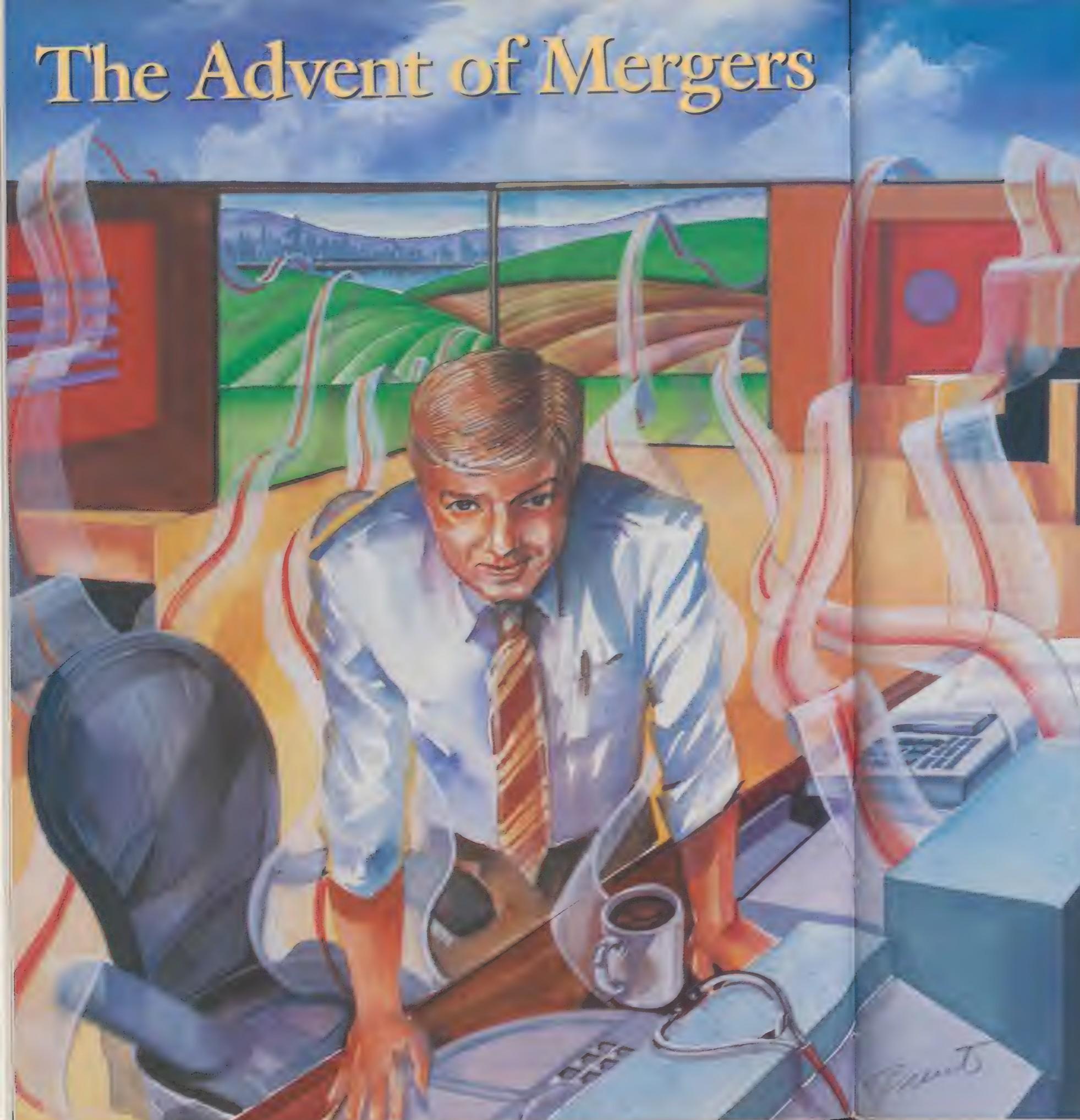
Reason: Criminal Conviction-Insurance Fraud

Name: Robert E. Vigesaa, MD, 2700 Jamison Blvd., Mt. Vernon, IL 62864

Action, Date Taken: Limited License, 06-27-95

Reason: Negligence, Lack of Good Moral Character

The Advent of Mergers



A New Type of Group Practice is Taking Shape in Michigan

By Ralph D. Ward

A new type of group practice is taking shape in Michigan—one that may become the model of 21st century medical practice.

It looks nothing like the older models which were centered around an activity, usually a hospital.

According to James J. Aluia, MSMS chief of practice management and PO development, the new group practice may be a local doctor in his office by himself. "The only visible difference is to whom a patient makes out his check," he says.

There is a lot of merger activity going on among small practices in this state, says Aluia. "These are one or two practitioners talking to colleagues about bringing their practices together." However, this does not necessarily mean these physicians are setting up housekeeping together, notes Aluia. "They're looking at forming a new, unique group, but in their current facilities. They can still save on administration and overhead, and get better results in contracting and negotiations."

Continued on next page

At first glance, this new practice paradigm may seem a fairly loose arrangement. But it has a distinct corporate structure, which separates it from two other popular models, physician organizations (POs) and physician hospital organizations (PHOs). "These practices are similar to POs or PHOs, but on a smaller level," notes Aluia. "They are also more practice-oriented. The physicians are saying that a PO can do certain things for them, but they need the safety and comfort of colleagues."

The new group practices vary in a legal sense depending on unique needs. An enlarged PC or a limited liability structure may be used. Currently, the typical size is four to 10 physicians.

Commonly, notes Aluia, the doctors involved form a corporate entity, hiring themselves as employees of that corporation. One member is then elected as president and chair, responsible for the heavy administrative burdens. "There's a lot of time involved," says Aluia. A professional administrator may also be hired for the practice.

Limited presence

This close-yet-loose group practice model has proven popular on the West Coast for some time, but has only recently become popular in Michigan. "It's been talked about for a long time, chiefly in medical journals," says Aluia. "But now it's started to catch on in Michigan. Maybe the timing is right." Statewide, such structures are still largely limited to urban southeastern Michigan, although they may

prove a way to make local coverage more practical in rural areas. The new groups also remain the province of certain specialties, chiefly general or family practice.

One of these family practitioners is Gary R. Gazella, MD, who is forming a group in Wayne County. "In our area, there are still a lot of solo practitioners, but with the impact of HMOs and capitated care, it's more and more obvious that solo practice is becoming archaic." Doctor Gazella sees group practice as a "choice that people had in the past" that is becoming less a choice than a necessity. Robert J. Jackson, MD, an Allen Park family physician, is also involved in launching a group practice. His two-person practice will join with a larger group of area family physicians. "The group is now involved in making some HMO contacts," says Doctor Jackson. The family practice group will remain a confederation, without any centralization of offices. "We're a fair number of miles apart, and in family practice, geographic diversity is healthful. Just having a bigger office doesn't make you more efficient."

Many perks

The combined business operations, buying power, and contract clout should make these new operations attractive. "We can reduce the cost of care, negotiate prices, and find better ways to provide services," notes Doctor Jackson. There is also safety — and relief — to be had in numbers. "We might be able to offer weekend coverage more effi-

Strategic planning key to survival

Rapid change is taking place in the health care environment. While some physicians may be feeling its impact more strongly than others, all physicians need to be thinking about their place within the health care environment as it undergoes change in the months and years ahead.

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ciently," he adds. "With a number of physicians in the same practice, coverage won't be as onerous."

Still, even the lightness of this new yoke can bring some hardship to long-time solo physicians. "You have to be more businesslike than in the past," observes Doctor Gazella. "Before, you could do procedures just because you wanted to. Now, someone will tell me, 'hey, be more efficient.'" He adds that, as prepaid care becomes the rule, doctors will have a new impetus to keep costs down. "If a patient is going to the emergency room for care instead of coming to us, that costs five times as much, and it impacts on me and my group." Doctor Jackson considers the demise of solo practice to be a matter of mastering trends before they master you. "In primary care, autonomy means the right to see bankruptcy ever closer. But ours is the only practice area shown to make a measurable improvement in community health, so I think it's our moral imperative to survive. But some people won't fit in, they may go the way of the horse and buggy."

"In our area, there are still a lot of solo practitioners, but with the impact of HMOs and capitated care, it's more and more obvious that solo practice is becoming archaic."

Gary R. Gazella, MD
Dearborn Heights Family Physician

The matter of "fitting in" is another advantage of the new growth in group practice. "The doctors look for partners they think they can get along with going in," notes Aluia. With widespread teaming among solo practitioners and small practices, the new groups can customize their membership for specific areas of their specialty, geographic spread, personal fit, and other unique features. "We can pick our membership by inviting certain physicians to join based on practice patterns, congeniality, and other factors. We get a better group than we would by inviting the whole gamut of local physicians to join."

The new group practice trend may be part of a broader consolidation among physicians. "Typically, these smaller groups are a means to an end — even larger groups," says Doctor Jackson. As small groups consolidate into larger organizations, they gain more clout with health care contractors, and the ability to offer even greater efficiencies.

Continued on next page

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Continued from previous page

But consolidation could lead physicians into the danger zones of antitrust and price fixing charges, although the limited scope of group practices makes this fear remote for the near future. "We're not having any problems with antitrust as this point," says Doctor Gazella. "We're not forming labs, or X-ray services, and we can't really dominate a community." Adds Doctor Jackson: "If you have less than 25 percent of the market, you're pretty safe. Generally, these groups aren't large enough to be a problem — that's another reason to be selective in membership."

Beyond the survival aspects, physicians are finding the new group practice model can be a tool for keeping control of health care in the hands of doctors, not nameless administrators and bureaucrats. "Groups traditionally sprang up around hospitals," observes Doctor Jackson, "and the hospital is just a supplier of services. This makes it impossible for physicians to bid for the best price, and to assure quality. The nature of the new group arrangements is to provide better service." Doctor Gazella agrees. "[Group practice] gives more clout in setting protocols, and offering seamless care coverage. I can direct where the care is going." ■

Ralph Ward is a freelance writer based in Riverdale.

"We're a fair number of miles apart, and in family practice, geographic diversity is healthful. Just having a bigger office doesn't make you more efficient."

*Robert J. Jackson, MD
Allen Park Family Physician*

The New Group Practice at a glance

- It is similar to a PO or PHO, but on a smaller level.
- Statewide, such practices are still largely limited to urban southeastern Michigan.
- The new groups also remain the province of certain specialties, chiefly general or family practice.
- The combined business operations, buying power, and contract clout should make these new operations attractive.
- The new groups can customize their membership for specific areas of their specialty, geographic spread, personal fit, and other unique features.
- The new group practice model can be a tool for keeping control of health care in the hands of physicians.

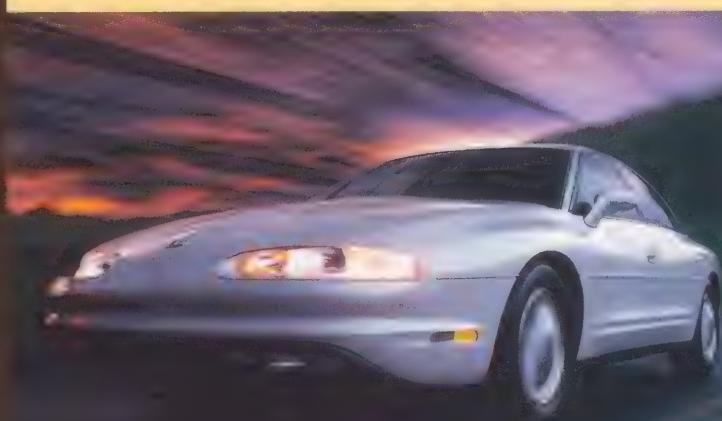
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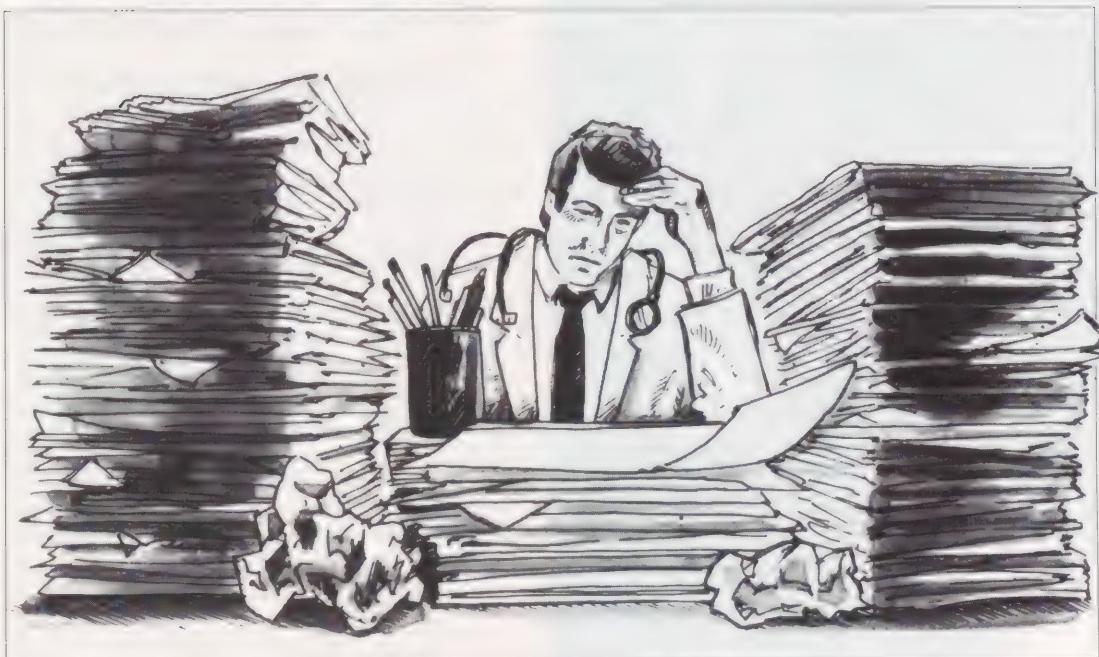
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MSMS Alliance News

Working With Your Physician Spouse

A short recipe for success

By Blanche L. Mindlin, MSMSA Vice-President

I am a working spouse, and have been for over 25 years. After an unsuccessful try at teaching speech and English in the Women's Division of the Detroit House of Corrections, I applied for a position as a secretary to the head of internal medicine at a local Detroit area hospital. My job consisted of routine secretarial duties as well as developing CME programs and keeping track of nine medical residents. I had the opportunity to work in the private office of the department head and observed how an office worked. I made extra pay by helping with the billing (thank goodness for computers today).

When my husband was four months from finishing his residency in ophthalmology, our second date was to show me an office with wood studs for walls. I still remember how excited he was in showing off the office and telling me where everything was going. We then went to the bank to apply for a loan to open the doors. Alan was always asking me questions about operational matters, and before I knew it, I was a "one person office" and a new bride, all in a three-week period.

Our first accountant thought it was neat that my physician spouse did not have to pay for help. Was he sadly mistaken. My mother worked for my father (a dentist) and had always drawn a salary. I was

going to be no different. The accountant and I did not agree on this issue, so we fired him and interviewed until we found one who understood my needs as well as those of the office.

Our one-person office has grown now to six full-time employees for a one-person doctor's office with two locations. My duties now are administrative including overseeing benefits and a profit sharing plan. I am the relief person when someone calls in sick or is on vacation. I am the onsite coordination for inspections. I do the inservice education for the office. I am the billing person, and I am the complaint manager. I am the personal secretary at the office and at home.

But most important, Alan and I share a partnership in this medical marriage. There have been some difficult times with the employees but in the office I am also an employee and not just "the doctor's wife." Recently, my husband got a letter complaining about me. The patient liked the care but did not like the fact that they (the patient) had a responsibility for services rendered. This incidence had no effect on our relationship as we truly are partners who understand each others job descriptions. At quitting time, the office usually does not come home with us, and we have time for ourselves, our two daughters and Oscar. ■



MSMS aims to strengthen ties with women physicians

By Tama D. Abel, MD

Although the number of women physicians is rapidly increasing, women are not joining organized medicine in the same proportions. The role of the MSMS Committee on Concerns of Women Physicians is to explore the reasons why this is happening, and to offer suggestions and support systems that will facilitate the movement of more women physicians into every facet of medicine.

The committee started as the Planning Committee for the Women Physicians Leadership Conference in 1981 as an outgrowth of an MSMS Health Issues Conference on "Stress in the Contemporary Woman." MSMS saw the need for more participation by women physicians in the leadership of organized medicine. The planning committee was subsequently appointed. It was charged with developing, if feasible, a seminar, workshop or conference for women physicians which would offer improvement opportunities to current women leaders, as well as inform and train other women physicians for leadership roles.

On September 15, 1981, MSMS had 684 women members. Very few were in positions of leadership. The planning committee determined that the issue of time and family demands must be addressed; (i.e., family sometimes must come first - how can women establish these priorities and still be considered for leadership roles within these limitations?)

The first women physicians conference was "How to Use 'The System.'" It was held on May 6, 1982, with nearly 100 women physicians, residents and students in attendance.

On August 23, 1982, the committee was renamed

the Committee on Concerns of Women Physicians and was charged with planning a second conference for women physicians to be held in 1983 and to explore other ways to encourage women physicians to assume their rightful place in organized medicine and to enhance their ability to make valuable contributions to the society.

Projects of the committee have included: teams of two or more physicians speaking to women medical student groups; sponsoring a course at the MSMS Annual Scientific Meeting; sending a physician to the AMA Leadership Conference; MSMS membership recruitment; contributing a column to *Michigan Medicine*; sponsoring networking opportunities for women physicians; and developing a women physicians directory. Just last month, the MSMS Committee on Concerns of Women Physicians sponsored a women physicians conference on "Strategies to Secure Your Future."

For more information on the Committee, contact Sherry Barnhart at MSMS at (517) 336-5786 or E-mail her at sbarnhart@msms.com via MSMSNET.

Doctor Abel is chair of the MSMS Committee on Concerns of Women Physicians.

*Editor's note: This is the second in a two-part series on women in medicine.
Part I appeared in the September in recognition of "Women in Medicine Month."*

WOMEN IN MEDICINE

A look at the statistics

How will the rising number of women physicians shape medicine in the future?

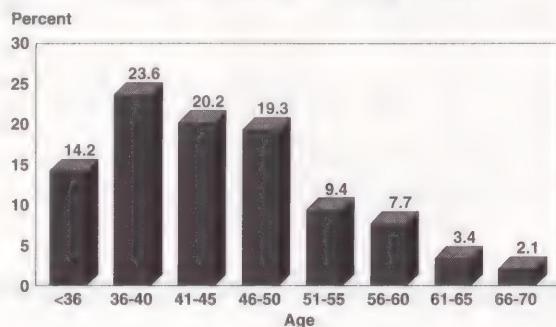
How are women physicians different from their male colleagues?

The increasing number of women physicians raises interesting questions about how this trend will shape medicine in the future and how they are different from their male colleagues. The 1994 MSMS Survey on Practice Characteristics provides answers to some of those questions. The following charts are based on the 238 female physicians that responded to the survey.

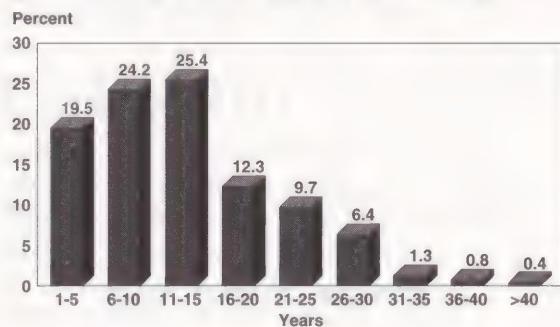
The average woman physician responding to the survey was 44 years old and had been in practice for 13 years. This compares to 49 years old and 17.6 years in practice for the total sample. More women physicians practice in primary care specialties than the overall population (47 percent versus 35 percent). Women physicians are as likely to be in group practice as are all physicians (approxi-

mately 30 percent), but are more likely to be employed and less likely to be in solo practice than all physicians. Unlike the overall physician population, women physicians are more likely to cite a physician shortage (22.5 percent versus 17.7 percent saying there are too few physicians in their specialty and their local area). Conversely, they are less likely to say there is a surplus (19.4 percent of women physician say there are too many physicians, versus 26.6 percent for the overall sample). This could be affected by the increased proportion of primary care practitioners among women physicians, since primary care practitioners of either gender are more likely to identify a shortage. Women physicians are more likely to say they are considering retirement before age 65 (64 percent versus 55 percent), and they are less likely to be sued (40.6 percent say they have been sued at least once in their career, as opposed to 60.6 percent for the overall physician population).

Distribution by Age



Years in Practice



MSMS Committee on Concerns of Women Physicians

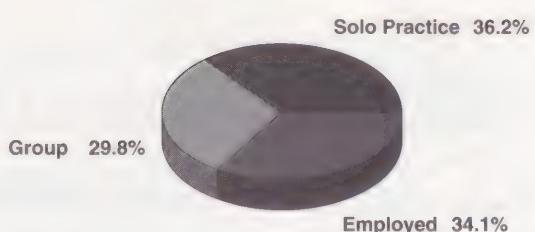
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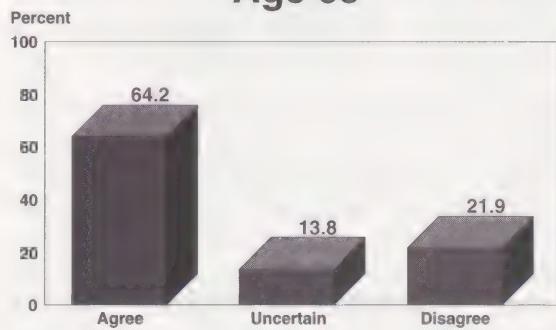
Type of Practice

Single physician practice	30.2%
Single physician/shares expenses	6.0%
Multiple physician practice	29.8%
Employed by:	
Managed care organization	2.6%
Hospital	9.4%
Professional corp/practice	13.6%
University/teaching hospital	3.8%
Other organization	4.7%

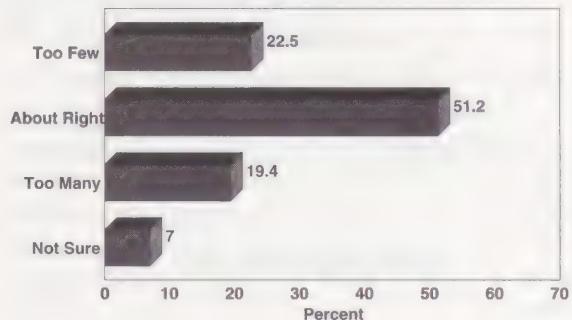
Type of Practice



Considering Retirement Before Age 65



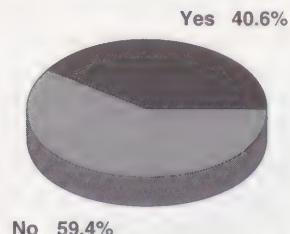
Supply of Physicians



Focus of Practice



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Q: How does the referral/authorization process work?

A: The Physician Sponsor Plan (PSP) provider can communicate his/her Medicaid Provider ID number to the referral provider. This information must be included on the billing form. Providers should refer to the Medicaid Program Manual for a full description of Medicaid coverages, billing procedures, and special Medicaid information.

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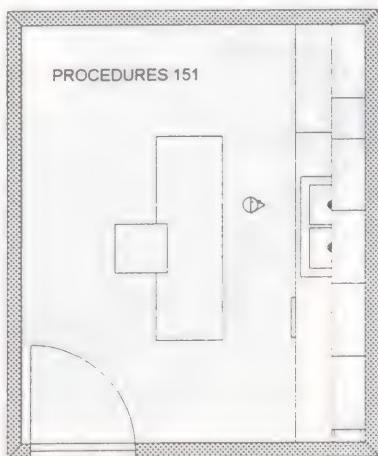
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Q: Can I treat and bill Medicaid for one of my established patients if they get enrolled with another managed care provider?

A: You will need to obtain authorization from the name of the provider on the patient's Medicaid card in order to bill Medicaid for the service. If you are unable to obtain an authorization, the patient will need to seek care from the provider they are enrolled with.

Q: What if one of my patients is enrolled with another provider through the Automated Enrollment process and they want me for their managed care provider?

A: Medicaid recipients can change providers. They may complete the enrollment form, call the toll-free recipient number, or the doctor form. Until the change is made, authorization needs to be obtained or the patient needs to seek care from the provider they are enrolled with.

Q: Do providers still need to verify Medicaid eligibility?

A: Yes. Providers need to verify Medicaid eligibility and this can be done by asking for the patient's current Medicaid card or by calling ACCESS. Pro-

viders need to also verify the patient's enrollment in managed care and obtain a referral when necessary.

Q: Is the Physician Sponsor the only provider that can write a prescription for the patient?

A: No. Prescriptions can be written by doctors other than the Physician Sponsor and there is no prescription copay for recipients in any managed care plan.

Q: Am I able to limit the number of Medicaid patients in my enrollment?

A: Yes. You are not required to accept any minimum number of Medicaid patients as part of your patient caseload. In other words, you may enroll and accept just your established patients.

Q: How do I know how many Medicaid patients are enrolled with me?

A: Providers are sent an enrollment list at the end of the month to identify all patients enrolled with each physician for the upcoming month. The enrollment list does not verify Medicaid eligibility. A recipient may lose their Medicaid eligibility after the list is printed. Therefore, it is necessary to still verify Medicaid eligibility.

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Q: Do I have to authorize a second opinion?

A: Yes. If a recipient requests a second medical opinion, you should assist the patient and authorize the service.

Q: Do I have to authorize prenatal visits if the patient was receiving those services prior to their enrollment with me?

A: Yes. Providers need to authorize prenatal visits if the patient was pregnant at the time of enrollment and was already receiving prenatal care. This is to avoid the interruption of current prenatal care. We would expect the referral physician to keep the sponsor doctor apprised of the patient's health needs.

Q: Are all Medicaid recipients going to be included in managed care?

A: Managed care is not an option for all Medicaid recipients. At this time there are certain Medicaid recipients that are not eligible to be in managed care. Some examples are: Spend Down recipients, Nursing Home Patients and persons who do not qualify for full Medicaid coverage.

Q: How do I disenroll a patient from my practice?

A: A letter should be sent to the patient informing them of such, stating the reason and asking them to pick another provider. You will need to give the patient 30 days notice and either provide or authorize their medical care during that time. You need to send a copy of that letter to Medicaid Managed Care, Recipient Enrollment, P.O. Box 30037, Lansing, MI 48909. This will ensure that if the recipient does not pick another provider, we will assist them in doing so.

Q: Explain the 24-hour telephone number and how I am supposed to be available 24 hours a day, 7 days a week.

A: When your office is closed and you are not available to see patients, your 24-hour telephone number needs to be answered by someone who can refer the patient to the emergency room or urgent care center if, after screening, they are in need of immediate care. The telephone does not need to be answered by you. It can be answered by any health care professional that you have designated to act

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Continued from previous page

on your behalf. It is also done by an answering machine in the doctor's office that gives another telephone number to call whereby a health care professional is available. Most providers have a call group that share call or the local hospital assists providers in this area.

Q: Do I only receive \$3 per month for each Medicaid patient?

A: You receive a case management fee for \$3 per month for each Medicaid patient, up to a maximum of \$3,000. The case management fee is in addition to any fee-for-service reimbursement. You continue to bill Medicaid for each procedure you perform. Fee screens and procedure codes remain the same.

Q: How do I receive the case management fee?

A: The case management is paid as a gross adjustment each month. You do not need to submit a claim for case management fees.

Q: If I refer my patient to another provider, am I responsible for paying the other provider?

A: No. The Physician Sponsor Plan is a fee-for-service reimbursement managed care plan. Each provider bills Medicaid for services they provide. You are not at financial risk for any service provided to your patients by another provider.

Q: What should I do in the event that a patient's physician sponsor cannot be reached for authorization?

A: If the condition is urgent, you may treat the patient and call us the following work day. We will assist you in contacting the physician sponsor. You may call 1-800-642-3189 and your call will be transferred to the appropriate staff. If the condition is not urgent, you should call us prior to treating the patient. ■

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"At the end, I knew the process was successful; I wondered about the end result. I realized that the rally was not "the end, or the beginning of the end, but only the end of the beginning," to paraphrase W. S. Churchill."

Fred W. Whitehouse, MD, Detroit

"More than 106 buses from Wayne County and more than 100 buses from other parts of the state traveled to Lansing on October 22, 1985, to petition the Legislature for liability tort reform legislation. The day was a tremendous success..."

So reported the Detroit Medical News 10 years ago, observing that "The demonstration, planned by MSMS

The Voice of 12,000
and county societies across the state, is believed to be the largest gathering of doctors ever in the US."

The Detroit newspaper and media outlets across the country covered the gathering that day in Lansing, when 12,000 physicians and their allies rallied on the Capitol lawn to demand medical liability reform.

The Genesee County Medical Society Bulletin reported that while participants "were somewhat footsore

"A grassroots swell of physician enthusiasm culminated in a stirring mission to Lansing, where 10,000 doctors, allopathic and osteopathic, joined as one, to corner our legislators pleading for assistance. The October day was cool and overcast, but we were warm with anticipation of good things to come... The seeds of change were sown that eventually culminated in the reforms that we experience today."

Gerald H. Mandell, MD, Detroit



"The rally not only served to encourage the legislature to pass meaningful tort reform but also demonstrated that unity within the profession is a very positive goal to be achieved."

Louis R. Zako, MD, Petoskey

Eighteen abreast, with overflow on the sidewalks, the crowd streamed the two blocks from the Civic Center to the Capitol lawn. Hospitals and clinics rescheduled procedures and announced staff shortages to free physicians for the day's activities.

The Voice of 12,000 Michigan Physicians

"The impact of this rally caused more people to join and become active with the Michigan Doctors Political Action Committee (MDPAC), and many to also become active in organized medicine. The event gave focus on how the medical society can work for them. It also focused attention on professional liability that resulted in legislation two years later and again in 1993."

B. David Wilson, MD, MSMS President

"In addition to reforms, one of the enduring legacies of the March was the closeness developed between the county societies and MSMS and between staff and our physician-members. The Marine Corps motto, "Semper Fidelis," comes to mind. As an organization, we have become closer, more tightly knit and "ever faithful" since that day."

William E. Madigan,
MSMS Executive Director



Michigan's medical leaders focused the profession's passion for change with pep talks before an SRO crowd in Lansing's Civic Center prior to the demonstration on the Capitol steps.

"All those people, and not one flower trampled." An aerial view of the Rally for medical liability reform October 22, 1985, records the 12,000 orderly Michigan physicians and their supporters at the Capitol steps in Lansing.

"Although we were 10,000-plus strong, it was an orderly, well-managed, motivated group. Toleration and courtesy were shown to the demonstrating opposition; a solid expression of unity and involvement was evident; determination to get action was apparent."

Robert E. Paxton, MD, Fremont

from walking and standing, enthusiasm and interest ran

high...paramount was that the rally, in itself, was a huge success."

Participants generally acknowledged, said the Genesee

Bulletin, that the October 22 event "was only the begin-

Continued on page 39

"I had the privilege that day to view the vast array of white coats gathered in a very orderly dignified assembly, presenting as a unified body asking for some relief in the current malpractice milieu in which we all found ourselves... I remember stating that medical liability was only the tip of the iceberg in the overall picture of the liability crisis that was developing in our country." *Richard J. McMurray, MD, 1985-86 MSMS President, Flint*



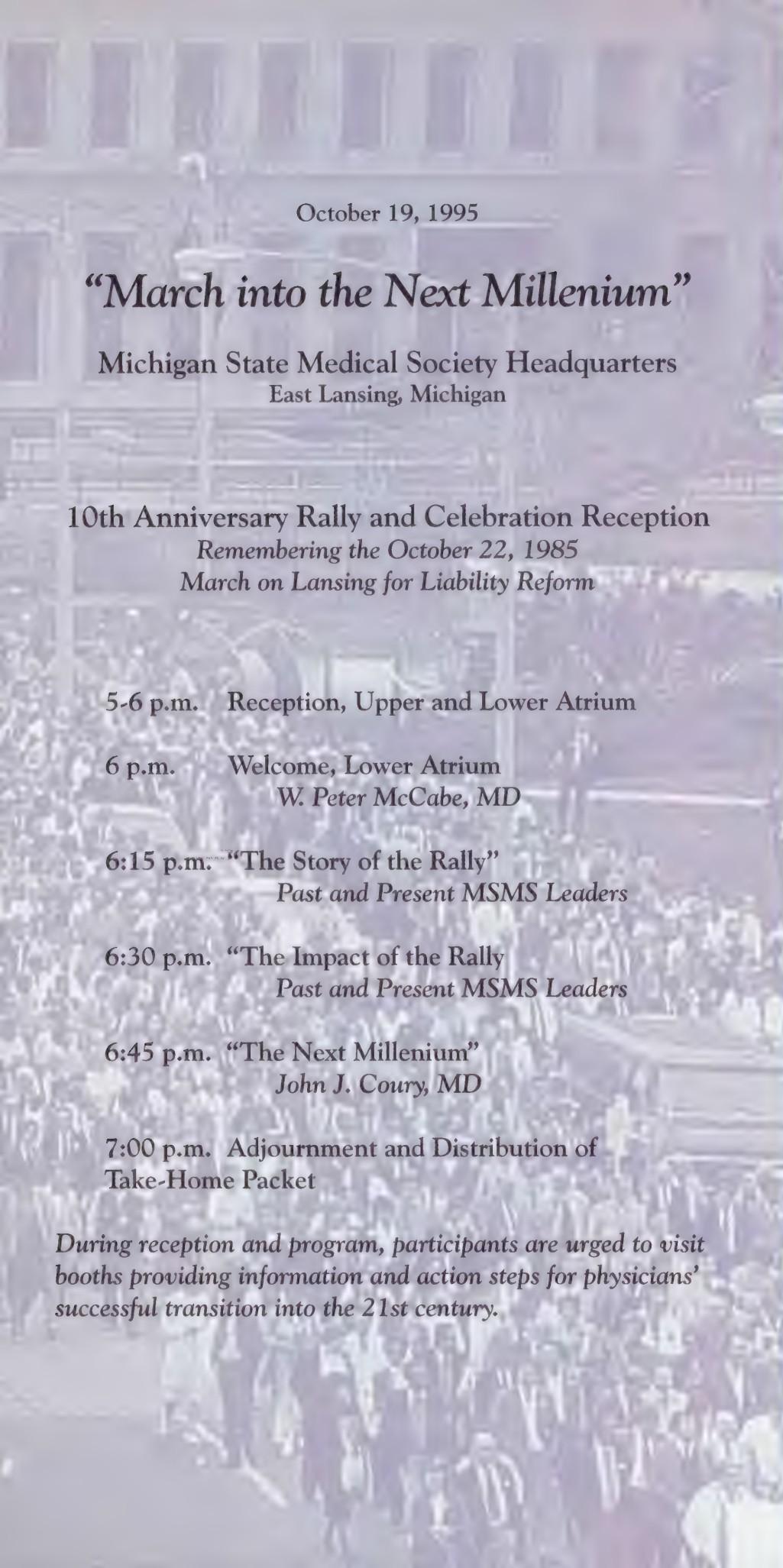
The rally idea originated in Wayne County, was organized through hospitals around the state, and included allopathic and osteopathic physicians, hospital personnel and clinic staffs, all with a single purpose—liability reform.

Governor James Blanchard was drawn from his office to face the determined masses assembled. The rally remains the second largest recorded on the steps of the Capitol in Michigan history.

"As I drove toward Lansing that morning I had the company of 106 buses full of Wayne County physicians and friends.... Each bus carried a sign, 'Onward to Lansing.' ... A decade later the memories are like it was only yesterday. In fact, my good friend Peter McCabe still calls me 'Diesel' (as in bus) Mecum."

Roger L. Mecum, Executive Director, Pennsylvania Medical Society





October 19, 1995

"March into the Next Millenium"

Michigan State Medical Society Headquarters
East Lansing, Michigan

10th Anniversary Rally and Celebration Reception

*Remembering the October 22, 1985
March on Lansing for Liability Reform*

5-6 p.m. Reception, Upper and Lower Atrium

6 p.m. Welcome, Lower Atrium
W. Peter McCabe, MD

6:15 p.m. "The Story of the Rally"
Past and Present MSMS Leaders

6:30 p.m. "The Impact of the Rally"
Past and Present MSMS Leaders

6:45 p.m. "The Next Millenium"
John J. Coury, MD

7:00 p.m. Adjournment and Distribution of
Take-Home Packet

During reception and program, participants are urged to visit booths providing information and action steps for physicians' successful transition into the 21st century.

"I particularly remember standing by the door of the Civic Center holding a large glass punch bowl, filled with badges saying: "The white coats are coming!" I must have passed out thousands of these badges, pinning them on participants before they marched to the Capitol. I remember that I had sore fingers and tired arms that night."
*Lois G. Duhamel, Past President,
Oakland County Medical Society
Auxiliary (Alliance), Rochester Hills*

"All of a sudden, waves of physicians in white lab coats started approaching from all directions, and before you could say, "My God, there must be 10,000 people here," there were probably 10,000 people there. It was a galvanizing event. The Genesee County Medical Society used the Rally as a jumping off point for a lot of other grassroots activities."

*Peter A. Levine, MPH, Executive
Director, Genesee County Medical
Society*

"The memory of the March had to remind legislators of how MSMS can mobilize people if forced to. And most of all, when spirits were down it gave the profession a good shot in the arm, forcing it to get up off its collective duff and reassure itself that there was strength in numbers."

*W. Peter McCabe, MD, MSMS
President-Elect, St. Clair Shores*

"To see THOUSANDS of people all in one place with the same dissatisfaction on their minds was absolutely enlightening. I climbed out of that depressed feeling. The burn-out with medicine lifted. I felt a part of a beautiful great body of like-minded individuals."

Nancy Eos, MD, Grass Lake



"The governing council of the MSMS Hospital Medical Staff Section seized on this idea as something that would be an appropriate activity for the HMSS to implement, since we had hospital staff representatives already elected in most of the Michigan hospitals, and these individuals could communicate with the central arrangements committee, and help to carry out what would need to be done locally. Needless to say, the event was a great success...."

Peter A. Duhamel, MD,
MSMS Board Chair, Rochester Hills

The national news networks carried coverage fed from their local affiliates of the largest physicians' political rally in history.



"The White Coats Are Coming!" announced all 160 buses en route to the Capitol from Wayne County. Indeed, every bus in Michigan and others from Ontario and neighboring states were pressed into action to carry the reformers.

Continued from page 36

ning, and efforts must continue for physicians to become more politically active and involved."

They were right on. Building on that great demonstration of physician unity in Lansing has been the key to the successes Michigan physicians have enjoyed since and will continue to enjoy into the next millenium.

As Louis R. Zako, MD, writes in these pages, "Participation in the rally ... clearly demonstrated that physicians, like other human beings, are not apathetic about the important issues and will participate in an activity that they perceive is effective."

Or, as one MSMS Alliance officer observes, "What has happened over the past 10 years, and continues today, is

"I do believe that each physician who participated went away feeling the pride in being a physician and that through organized medicine we had our best opportunity to affect the profession's destiny. As we flooded our legislators' offices and the halls waiting to enter after the previous group left, I was certain that impressions of our determination were being registered."

Marguerite R. Shearer, MD, MSMS Board Member, Ann Arbor



Cameras focused, film rolled and the crowds cheered as rally spokespersons filled the fall air. "I felt a part of a beautiful, great body of like-minded individuals," recalls Nancy Eos, MD, Grass Lake.

Continued on next page

Continued from previous page

a renewed sense of what organized medicine can

and will do for the health of citizens."

These pages commemorate that catalyzing elec-

trifying day in October 1985. By focusing on op-

portunities, and by renewing our commitment to

our patients and to each other, we will continue

to march together toward a positive future. ■

"I personally learned two very important lessons from this experience. Firstly, that we must all become political activists.... Secondly, that we physicians must lay our petty differences aside and speak with a single voice on issues that are important to all of us. When our solidarity slips, so does our influence...."

Carl Gagliardi, MD, Past Chair, MSMS Board of Directors, 1985, Past President, MSMS, 1987

"...Change will be incremental, so the job is not done. More physicians need to be recruited to our ranks; more legislators who 'understand' the problem need to be elected; more patients need to be educated; more groups need to help us fight."

W. Archibald Piper, MD, Grand Blanc



Measures were passed in 1986 to meet some of the Rally demands, but real reform was signed into law on July 8, 1993 by Governor John Engler, capping 20 years of medical liability reform efforts by the profession. It was a gratifying moment for, from left, W. Peter McCabe, MD, MSMS Board chair who first proposed the Rally idea; Eugene Oliveri, DO, past president, Michigan Association of Osteopathic Physicians and Surgeons; Rep Mike Goschka (R-Saginaw); Patricia Underwood, RN, president, Michigan Nurses Association; Sen. John Pridnia (R-Hubbard Lake), and Thomas C. Payne, MD, then MSMS immediate past president.

"I truly believe the rally had a remarkable impact on the professional liability issues and the medical profession in Michigan. Although it took a number of years to get our kind of bill passed, there is no doubt that the rally was an important galvanizing factor..."

Frank B. Walker, MD, AMA Board of Trustees, St Clair Shores

Last in series of PO site visits offers valuable insights into PO success

By Ginger L. Marenich

In a continuing effort to keep the Michigan State Medical Society members and staff informed concerning changes in health care, MSMS representatives recently completed the ninth in a series of site visits to physician organizations across the country. In conjunction with the American Medical Association, MSMS staff visited Dean Health Systems, a large multispecialty group based in Madison, Wisconsin. Following are the key findings of this visit, which completes the series.

In managing 600,000 lives, Dean Health Systems (DHS) has succeeded in capturing a significant share of the market in a relatively heavy managed care environment.

DHS believes that consolidation is inevitable in health care and that preparation for the "inevitable" is one way to ensure a physician's future security and income. Of the 9,000 physicians in Wisconsin, 40 percent belong to one of 13 large groups. In Madison alone, almost all physicians belong to one of three groups. The University Hospital physicians' group consists of 700 physicians, Physicians Plus is an integrated group of 250 physicians, and DHS accounts for nearly 400. DHS physicians have chosen the group practice model of integration, with the belief that IPAs, although a logical step in the direction of consolidation, will never foster a true group sense.

Expanding from a small, specialty group practice into a large, multispecialty group practice was an evolutionary process that spanned many decades. However, an abrupt and significant turning point for DHS came during its 1982 merger with the East Madison Clinic. The

Continued on next page



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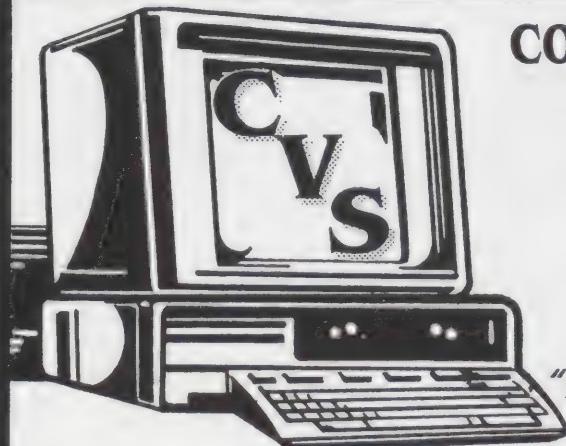
addition of this group of predominately primary care physicians instantly increased the practice to 100 physicians. During the ensuing 12 years, DHS has more than tripled in size. It also has established a network of nearly 1,000 physicians throughout southern Wisconsin.

In 1983, DHS launched its own HMO, DeanCare. Now the third largest in the state with approximately 150,000 covered lives, this HMO is broadening its scope to offer other types of insurance. Realizing the potential benefits of partnering with a hospital in this type of venture, DHS recently sold a minority interest in the HMO to Sisters of St. Mary's Health Care System (SSMHCS), the parent company of the local hospital with which it is closely aligned. In contrast to the typical "hospital versus physician" mentality, DHS physicians recognize that it is critical for them to involve the hospital in cost-cutting attempts. Rather than resist each others efforts, they decided that partnering with the hospital would help to ensure a proper synthesis of incentives. No longer will the hospital's focus have to be on filling beds. Instead, the hospital can now look to the HMO to make up revenues lost due to reductions in its inpatient census.

HMO ownership a key advantage

Owning its own HMO is a unique advantage for DHS. Aside from the obvious benefits of this undertaking, ownership of an HMO helps DHS to counter the pattern of reduced physician reimbursement occurring in many markets. Nevertheless, DHS leaders admit that attempting to break into HMO ownership at this time would be very difficult considering the expense and competitiveness of the market. According to a spokesperson for DHS, they were fortunate to have taken advantage of their opportunities in the early 1980's. Beginning in 1983 with \$750,000, their HMO now generates annual revenues of \$250 million.

Another unique feature of DHS is its very successful Community Care Program. Being emulated, but not matched by competitors, this program was created to assist the uninsured and underinsured to obtain funding for health care that they would otherwise be unable to afford. A DHS health benefits counselor evaluates a patient's financial situation and eligibility for public assistance, then works with him/her to obtain such aid. Any patient not eligible for public assistance is then evaluated for relief from DHS's Community Care Fund. While this program does a great deal of good for the community and



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Dean's reputation, it also provides a significant value to the physicians. Instead of providing care and fighting for payment through collections, DHS physicians are reimbursed promptly through this program. Since 1991, the Dean Community Care Program has secured nearly \$2 million in assistance monies through both public and private sources.

Physician commitment noteworthy

One of the most remarkable aspects about DHS is the commitment of its physicians, and their willingness to take a different road, even when it conflicts with the prevailing notions.

One example of this phenomenon is that DHS is successful without a case manager or "gatekeeper" system for governing specialty referrals. DHS continues to stress the importance of primary care physicians and 60 percent of their physicians are PCPs. However, they believe that, contrary to popular opinion, an integrated delivery system can succeed without utilizing the case manager model. Instead, they believe their focus on the use of physician report cards as an educational tool has been sufficient to reduce their bed-days-per-thousand to as low as 180-220.

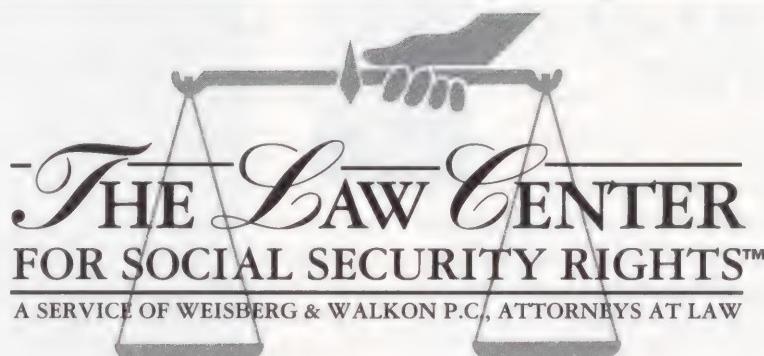
Throughout their growth and expansion, DHS physicians have learned many valuable lessons. The

leadership attributes a great deal of the group's success to the ownership culture they have developed in the group practice model. No longer operating as "me" but rather as "we" has allowed them to move forward with mutually beneficial common goals.

When asked to relate what they consider to be their critical success factors, DHS leaders agree that being physician-led is essential. DHS has chosen not to partner with physician management companies, believing that physicians will regret giving up their power to these entities. DHS leaders also believe that being primary care heavy and geographically dispersed increases their ability to expand their patient base and provide easily accessible care. Finally, they stress the importance of being proactive rather than reactive regarding managed care. By willingly accepting risk and agreeing to spend money for the development of information systems, DHS physicians have helped to ensure their competitive advantage and continuing success.

If you are interested in forming your own physician organization, please contact Thomas Wolff at MSMS at (517) 336-5740. If you would like to obtain a copy of the PO case study, please contact Shannon Stockwell at (517) 336-7594.

Ginger L. Marenich is chief of PO/PHO development and operations for MSMS.

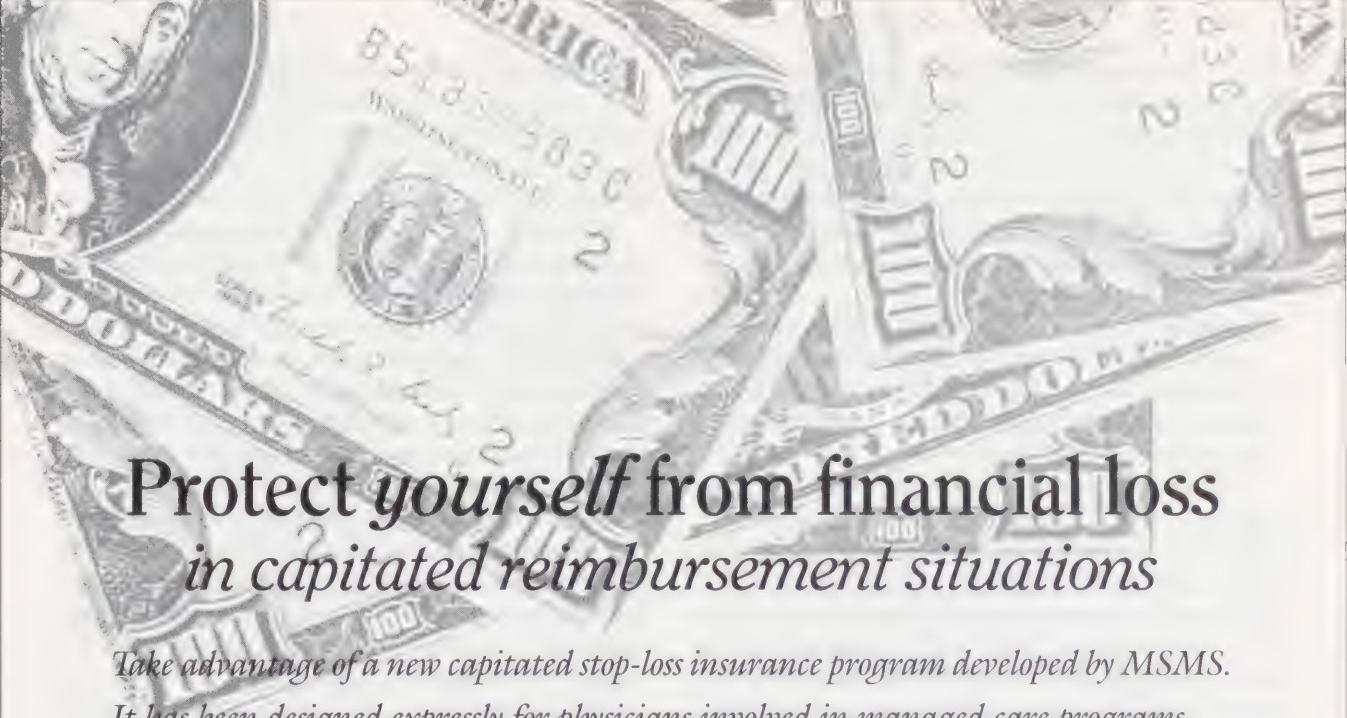


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Protect yourself from financial loss in capitated reimbursement situations

*Take advantage of a new capitated stop-loss insurance program developed by MSMS.
It has been designed expressly for physicians involved in managed care programs.*

By Peter A. Duhamel, MD

Many times managed care programs calculate withholdings from physician groups and then use capitation stop-loss programs to ensure the risk of catastrophic coverage.

A new program developed by MSMS affords physicians the opportunity to directly insure this risk and, therefore, net the difference between the managed care program's holdback and the cost of the insurance. Such opportunities have driven the development of stop-loss programs and has caused a significant expansion of their use by physician groups in other parts of the country.

The cost and usefulness of a capitation stop-loss program is dependent upon the structure of the relationship with the managed care program. Additionally, many physicians are considering direct contracting with employers. In this setting, physicians agree to directly provide health care of employees with an employer. These types of contracts require physicians and hospitals to accept the overall risk for the cost of care including the potential of any catastrophic costs. It is at this point that a capitation stop-loss program becomes an effective tool to assist physicians to protect themselves.



How it works

Capitation stop-loss insurance is designed to protect physicians involved in capitated managed care programs from the potential of loss from the cost of providing care to an individual patient or from an aggregate of patients.

Capitation stop-loss, also known as Provider Excess Loss coverage, is a relatively simple concept; however, the actual application of it requires a significant amount of data about the group utilization, and their risk tolerance. Capitated reimbursement means physicians are accepting a known payment for an unknown cost of services. In many cases, the physician groups are allied with hospitals and the hospital becomes a partner in the capitated arrangements.

Typically in Michigan, capitated contracts with physician groups are negotiated with managed care programs. Many of these contracts include utilization, catastrophic loss, and out of plan use holdbacks. It is in these holdbacks where the opportunity lies for physician groups to use capitation stop-loss not only to increase their net capitation amount, but also to increase their sophistication in utilization of data as a management tool.

Capitation stop-loss programs usually include deductibles in increments of \$5,000 for the ambulatory part of the contract, and \$50,000 for hospitals. This means physicians continue to retain the risk of providing care between capitation payment and \$5,000. Deductibles are used to keep the premiums low and assist in utilization management of catastrophic cases. Additionally, most of the programs are written with copays from 90 percent to 70 percent. Again, this helps to keep premiums down, as well as providing a mechanism to ensure the overall cost of the program is managed by the physician group. Also, many programs can provide for carve outs of certain services, such as psychiatric care or physical rehabilitation. This allows physicians delivering specialty services to participate in capitated contracts and assure themselves of protection from financial loss.

Fixed costs a key advantage

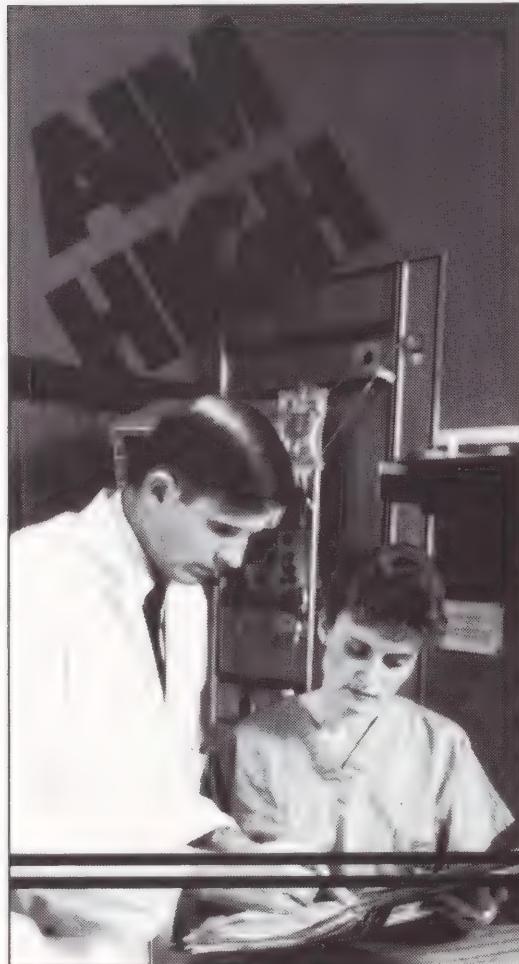
A major advantage physician groups using capitation stop-loss have in negotiating contracts with managed care groups or employers, is ensuring themselves by fixing the cost for the catastrophic risks;

therefore, they can increase their capitation as the need for holdbacks has been reduced or eliminated.

The MSMS Capitation Stop-Loss program is designed to be flexible and provide for the need of physician groups. On the premium side, there are many options including premium sharing situations, in which the insurer and physician group agree if the group realizes significant savings and does not use the provider stop-loss insurance, part of the premium can be refunded. Additionally, it is possible to make available an overall umbrella risk program, to protect the group against an aggregate loss for all of the capitated arrangements they may enter into. This insurance product works simply to ensure the group will not be exposed to a significant aggregate risk when several individuals trigger the individual levels. This is an additional product and is often considered by groups with several capitated contracts.

MSMS is excited about this new product and feels it represents an introduction into a number of other products designed to assist its members in the current changing economic environment. Many physician groups will want to consider the possibility

Continued on next page



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of using the MSMS Capitation Stop-Loss program. The ideal group for this product will have some experience within the capitated environment, and also have the ability to capture utilization information, especially about catastrophic losses. This is not always possible, and proposals can be developed for groups who do not have this information or are newly formed and do not have experience in a capitated environment.

Medicaid clinic plan programs

Another area where these products have potential use is with Medicaid clinic plan programs. Currently, the State of Michigan is encouraging the development of clinic plan groups where physician groups take responsibility for the Medicaid population. Since this program reimburses on a capitated basis, physicians considering the development of a clinic plan group should certainly look at the capitated stop-loss program. Capitated stop-loss insurance will allow physicians to enter into these programs with a higher level of certainty in regards to the potential risk, and also encourage them to participate in these programs.

MSMS' priority is to always look to the needs of physicians. The Capitation Stop-Loss program is an example of being able to identify a need physicians will have in the state and provide products in order to assist physicians who are meeting the challenges of the current changing reimbursement system. MSMS will continue to develop products to augment the Capitation Stop-Loss program and provide additional tools to physicians as the reimbursement market evolves in Michigan.

If you would like additional information about this product, please call John A. Richards at (517) 336-7577. ■

Doctor Duhamel is chair of the MSMS Board of Directors.

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NAMES IN THE NEWS

Names in the News is a monthly feature which acknowledges Michigan physicians who have been featured in recent newspaper articles on a variety of issues affecting medicine. The following list was compiled by Kevin Prince, an MSMS media relations intern, who is currently studying health communications at Grand Valley State University. If you come across some *Names in the News* in your local newspaper, or any other newspaper you may read, please send a copy of it to: Dave Fox, chief of media relations, PO Box 950, East Lansing, MI 48826-0950.

BERRIEN COUNTY

Gregory H. Hessler, MD, a Traverse City family practitioner, was featured in the July 12 issue of *The Antrim County News* for his recent transfer to Urgent Care in Traverse City.

BRANCH COUNTY

Courtney P. Jones, MD, a Coldwater occupational physician, was recognized in the July 26 issue of *The Coldwater Daily Reporter* for her recently awarded membership in the American College of Physician Executives.

Continued on next page

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GENESEE COUNTY

Mostafa I. Abuezid, MD, a Flint obstetrician/gynecologist, was featured in the July 31 issue of *The Flint Journal* for his exceptional practices as director of the Center for Reproductive Medicine at Hurley Medical Center.

Jitendra P. Katneni, MD, FACP, a Flint internist, was featured in the July 27 issue of *The Flushing Observer* for recently being elected a Fellow of the American College of Physicians.

Peter A. Levine, MPH, executive director of the Genesee County Medical Society, was recognized in the July 15 issue of *The Flint Journal* for receiving a state award for his contributions with the Region 6 AIDS Care Council.

Michael L. Zarr, MD, a Flint psychiatrist, was recognized for his recent appointment as associate medical director for managed care services at Health Alliance Plan.

HOUGHTON-BARAGA-KEWEENAW COUNTIES

Kenneth E. Rowe, MD, a Calumet public health physician, was recognized in the July 15 issue of *The Mining Journal* for his years of dedication to health care in the Upper Peninsula.

INGHAM COUNTY

Patrick C. Alguire, MD, an East Lansing internist, received mention in the August 14 issue of *The Lansing State Journal* for his recent appointment as professor of medicine at the University of Florida.

C. Scott Atkinson, MD, an East Lansing ophthalmologist, was recognized in the August 7 issue of *The Lansing State Journal* for his article published in the July edition of the *American Journal of Ophthalmology*.

Karen Bollman, DO, was recognized in the July 24 issue of *The Lansing State Journal* for joining St. Lawrence Hospital and Healthcare Services' Family Medical Services office in Webberville.



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William P. Gifford, MD, a Williamston family practitioner, was recognized in the August 14 issue of *The Lansing State Journal* for his recent appointment as president of the Michigan Academy of Family Physicians.

Elizabeth A. Hutchinson, MD, a Lansing dermatologist, was quoted in *The Lansing State Journal* regarding her concerns about tanning salons and the legislation to be introduced.

Paul C. Linnell, MD, a Lansing ophthalmologist, announced his retirement from Lansing Ophthalmology in the July 10 issue of *The Lansing State Journal*.

Janet R. Osuch, MD, an East Lansing general surgeon, was recognized in the August 8 issue of The Lansing State Journal for recently receiving the Bertha Van Hoosen Award for her work in breast cancer.

Thomas C. Payne, MD, an East Lansing radiologist and chair of the MSMS Task Force on Family Violence, discussed various aspects of family violence in the July 16 issue of *The Independent*.

Dawn E. Springer, MD, a Mason family practitioner and past president of Ingham County Medical Society, was featured in the August 14 issue of *The Lansing State Journal* for her recent election to the Board of Michigan Physicians Mutual Liability Company.

Richard P. Thiede, MD, a Mason internist, was featured in the July 24 issue of *The Lansing State Journal* for being named medical director for Visiting Nurse Services.

Douglas F. Wacker, MD, a Mason otolaryngologist, was recognized in the July 24 issue of *The Lansing State Journal* for recently deciding to come out of retirement to join a family practice in Mason.

Continued on next page

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LIVINGSTON COUNTY

Roscoe V. Stuber, MD, a Howell general surgeon, was featured in the June 7 issue of *The Livingston County Press* for recently being appointed to community liaison for McPherson Hospital.

NORTHERN MICHIGAN (Antrim, Charlevoix, Cheboygan, and Emmet counties)

Barrie Dunseath, MD, a Bellaire family practitioner, was featured in the July 12 issue of *The Antrim County News* for his recent transfer to the Bellaire Burns Clinic office.

Karl W. Gretzinger, DO, a Harbor Springs physician, received mention in the July 12 issue of *The Antrim County News* regarding his plans to join the Emergency Medicine Department at Burns Clinic.

Judith A Hoschner, MD, a Petoskey pathologist, received mention in the July 12 issue of *The Antrim County News* for her move to the Pathology Department at Burns Clinic and Northern Michigan Hospital.

WAYNE COUNTY

Demetrio R. Timban, MD, Troy general surgeon, was featured in the June 28 issue of *The Deckerville Recorder* for beginning practice at Deckerville Community and Harbor Beach Community Hospitals. ■

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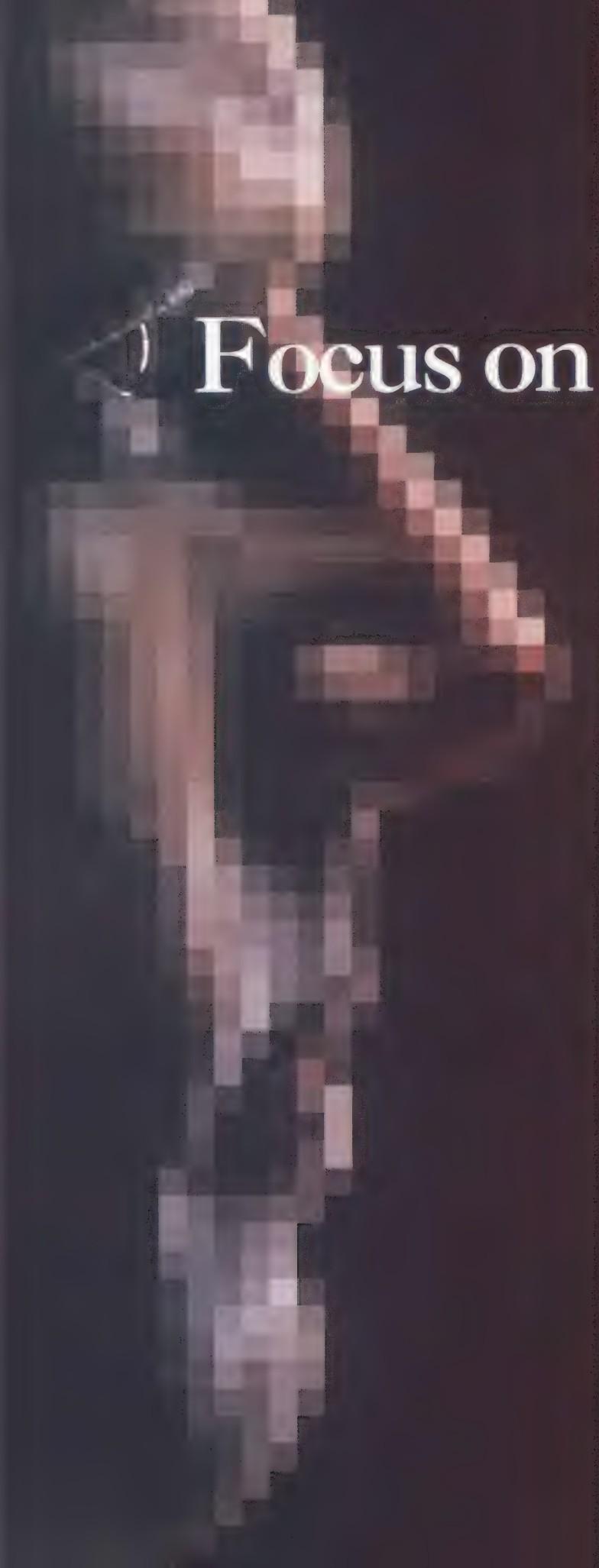
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Focus on

MICHIGAN STATE
MEDICAL SOCIETY

CME

130TH ANNUAL
SCIENTIFIC MEETING

November 2, 3 & 4, 1995
Lansing Center
Lansing, Michigan



PROGRAM PREVIEW

GENERAL INFORMATION

ENJOY COMFORTABLE ACCOMMODATIONS AT THE RADISSON HOTEL

The Radisson Hotel is located in the heart of downtown Lansing, Michigan's Capital City. All educational courses will be at the Lansing Center, connected to the Radisson Hotel by an enclosed walkway. Special functions will be held at both the Radisson Hotel and Lansing Center.

A special rate of \$79 per room, single or double occupancy, has been arranged for MSMS on the nights of November 1, 2, 3 and 4, 1995.

The deadline for making hotel reservations at the Radisson Hotel at this special rate is October 6, 1995. Please call the MSMS Office of Physician Education at (517) 336-5738 for a reservation form.

HOW TO REGISTER

Registration for the Annual Scientific Meeting is simple. Just complete the ASM Registration Form in this insert and send it by mail to MSMS, P.O. Box 950, East Lansing, MI 48826-0950, or by FAX to (517)336-5797. Be sure to include a check or your VISA or MasterCard account number. A confirmation will be sent to you in advance of the meeting.

MSMS members pay \$55 per course, \$15 per day for buffet luncheon (excluding Saturday), plus a one-time registration fee of \$20. The registration fee includes registration materials, handouts, coffee, admission to the two early bird plenary sessions and the MSMS Exhibit Hall.

ADOPT-A-DOCTOR DISCOUNT

The ASM Planning Committee looks forward to continued participation of the hundreds of physicians who attend the MSMS Annual Scientific Meeting each year. Your efforts in promoting the meeting to your colleagues and the participation by more first-time attendees each year has resulted in the Adopt-a-Doctor discount program. You may take \$20 off your registration total if you bring a physician who has never attended (or if you have never attended) an MSMS Annual Scientific Meeting.

CANCELLATION POLICY

A 100% refund of course fees will be provided if MSMS is notified by October 20, 1995. The \$20 registration fee is non-refundable. Cancellations after October 20 (up to the day of the conference) receive a full refund, less a \$50 handling fee. No refunds will be given after the conference date without prior notification.

SPECIAL ACCOMMODATIONS &

The Michigan State Medical Society wants this program to be readily accessible to everyone. Please let us know if you have special accommodation needs that would make this program more accessible or comfortable for you.

BUFFET LUNCHEON

A tasty buffet-style lunch located in the MSMS Exhibit Hall Computer Technology Center will allow you to enjoy lunch at your own pace while listening to mini presentations and experiencing hands-on interplay with the latest technology, saving time for coffee and dessert in the MSMS Exhibit Hall. The cost for this luncheon is \$15 per person and is co-sponsored by MSMS and Michigan Physicians Mutual Liability Company. Advance registration is required.

CONTINUING MEDICAL EDUCATION CREDITS

The MSMS Committee on CME Programming, an organization accredited by the MSMS Committee on CME Accreditation, designates that this activity meets the criteria for a maximum of 17 hours of Category I toward the requirements for Michigan relicensure and of the Physicians Recognition Award of the AMA, provided it is completed as designed.

This program has been reviewed and is acceptable for a total of 17 prescribed hours by the American Academy of Family Physicians

Each half-day course awards 3 credit hours. Friday and Saturday morning plenary sessions each are worth an additional 1 hour of Category I CME credit.



*ALL HALF-DAY COURSES OFFER UP TO 3 HOURS OF CATEGORY I CME CREDIT
REGISTRATION FORM IN THIS FLYER*

SPECIAL EVENTS



WEDNESDAY, NOVEMBER 1, 1995

FINANCIAL FIRESIDE CHAT-Radisson Hotel

Information: Gerald J. LeVan, 800-334-8866
8:00-9:30 P.m.- Desserts

THURS.-FRI., NOVEMBER 2-3, 1995

COMPUTER TECHNOLOGY CENTER

Visit the Computer Technology Center on Thursday and Friday, located inside the Exhibit Hall. Computer companies and products will provide opportunity for hands-on computer interplay, co-sponsored by Michigan State Medical Society and Michigan Physicians Mutual Liability Company.

THURSDAY, NOVEMBER 2, 1995

LEGISLATIVE BREAKFAST-Lansing Center

7:00 a.m. - 8:15 a.m.

MICHIGAN SOCIETY OF COLON AND RECTAL SURGEONS-Radisson Hotel

Information: Irene Babcock, 313-282-9400
6:30 p.m. - Reception & Dinner

MICHIGAN SOCIETY OF GENERAL SURGEONS

Radisson Hotel
Information: Caroline Kimmel, 517-336-7570
5:30 p.m. - Annual Meeting

SPECIALTY SOCIETY LEGISLATIVE RETREAT

Radisson Hotel
12:30 p.m. - Lunch/Presentation

ATTENDEE RECEPTION-Lansing Center

4:30 - 6:30 p.m. in Exhibit Hall
(Sponsored by MICHIGAN PHYSICIANS MUTUAL LIABILITY COMPANY)

DYNAMIC ASSET ALLOCATION-Radisson Hotel

Information: Gerald J. LeVan, 800-334-8866
5:15-6:00 p.m. - Program

MICHIGAN STATE UNIVERSITY COLLEGE OF HUMAN MEDICINE ALUMNI (INVITATION ONLY)

Lansing Center
Information: Jane Smith, 517-353-9620
6:00 p.m. - Alumni Reception

UNIVERSITY OF MICHIGAN ALUMNI (INVITATION ONLY)-Lansing Center

Information: Sam Jesse, 313-936-7651
6:00 p.m. - Reception & Dinner

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE ALUMNI ASSOCIATION

Lansing Center
Information: Bunny Leech, 313-577-1495
6:30 p.m. - Alumni Reception

FINANCIAL FIRESIDE CHAT-Radisson Hotel

Information: Gerald J. LeVan, 800-334-8866
8:00-9:30 P.m.- Desserts

FRIDAY, NOVEMBER 3, 1995

SPECIALTY SOCIETY PRESIDENTS-Lansing Center

12:00-12:30-Lunch

MICHIGAN ACADEMY OF PLASTIC SURGEONS

Lansing Center
1:00 p.m. - Board Meeting

MICHIGAN OCCUPATIONAL MEDICAL ASSOCIATION-Lansing Center

6:00 p.m. - Reception & Dinner

MSMS COMMITTEE ON CONCERN OF WOMEN PHYSICIANS-Lansing Center

5:00 p.m. - Reception

MICHIGAN HEALTH CARE EDUCATION AND RESEARCH FOUNDATION-Lansing Center

Information: Ira Strumwasser, PhD, 313-225-8706
6:00 p.m.-Reception & Program



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The Michigan State Medical Society 1995 Annual Scientific Meeting is supported in part by a grant from Blue Cross Blue Shield of Michigan.

MSMS appreciates the contributions of BCBSM in bringing this educational opportunity to physicians in Michigan.

Focus on CME

THURSDAY MORNING, NOVEMBER 2, 1995

Free "Early Bird" Legislative Breakfast, 7:00 a.m. - 8:15 a.m.
 Featuring remarks by Senator Diane Byrum (D-Lansing) and an overview of health legislative issues by Senator John Schwarz (R-Battle Creek)

All morning courses run from 8:30 a.m. to noon with a half-hour break.

1995 CONSTITUENT SKILLS WORKSHOP FOR PHYSICIANS

SPEAKER: Michael E. Dunn of Michael E. Dunn & Associates, Inc., public affairs consulting firm based in Washington D.C. Presented by MSMS Government Relations Department. (Category I CME Credit is not available for this course).

CANCER UPDATE FOR CLINICIANS

DIRECTOR: Manuel Valdivieso, MD, Detroit. Presented by Department of Internal Medicine, Wayne State University School of Medicine.

ISSUES IN OCCUPATIONAL & ENVIRONMENTAL MEDICINE

DIRECTOR: James J. Andonian, MD, Plymouth. Presented by Michigan Occupational and Environmental Medical Association.

LIVER TRANSPLANT

DIRECTOR: Jeremiah G. Turcotte, MD, Ann Arbor. Presented by University of Michigan Organ Transplantation Center.

MANAGED CARE: EFFECTIVE CONTRACTING

CO-DIRECTORS: Herbert Sloan, MD, and Dean Smith, PhD, Ann Arbor. Presented by M-Care and University of Michigan School of Public Health. (Category I CME Credit is not available for this course).

MANAGEMENT OF THE DEPRESSED PATIENT IN PRIMARY CARE

CO-DIRECTORS: Thomas L. Schwenk, MD, and Gregory W. Dalack, MD, Ann Arbor. Presented by Departments of Family Practice and Psychiatry, University of Michigan Medical School.

PAIN MANAGEMENT

DIRECTOR: Joel R. Saper, MD, Ann Arbor. Presented by Michigan Head-Pain and Neurological Institute.

PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASES: PART I

CO-DIRECTORS: Bradley L. Hubbard, MD, and Ron J. Vanden Belt, MD, Ann Arbor. Presented by Michigan Heart and Vascular Institute and American Heart Association, Michigan Affiliate.

THURSDAY AFTERNOON, NOVEMBER 2, 1995

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

ALLERGIC SKIN DISEASES

DIRECTOR: Michael R. Simon, MD, Allen Park. Presented by Departments of Internal Medicine and Pediatrics, Wayne State University School of Medicine and VA Medical Center, Allen Park.

COLON AND RECTAL CANCER

DIRECTOR: Farouk S. Tootla, MD, Pontiac. Presented by Michigan Society of Colon and Rectal Surgeons.

COMMON MEDICAL PROBLEMS IN PEDIATRICS

CO-DIRECTORS: George L. Blum, MD, Southfield; Evan J. Kass, MD, Royal Oak; and William B. Weil, Jr., MD, East Lansing. Presented by Michigan Chapter, American Academy of Pediatrics; Division of Pediatric Urology, William Beaumont Hospital, Royal Oak; and Department of Pediatrics/Human Development, Michigan State University College of Human Medicine.

NEUROLOGICAL PROBLEMS OF FREQUENT ENCOUNTER

DIRECTOR: Paul A. Cullis, MD, Detroit. Presented by Department of Neurology, Wayne State University School of Medicine.

ORTHOPAEDICS FOR THE INTERNIST AND FAMILY PHYSICIAN PRACTICE

DIRECTOR: John C. Colwill, MD, East Lansing. Presented by Michigan Orthopaedic Society.

PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASES: PART II

DIRECTOR: T. Barry Levine, MD, Detroit. Presented by Michigan Heart and Vascular Institute and American Heart Association, Michigan Affiliate.

FRIDAY MORNING, NOVEMBER 3, 1995

Free "Early Bird" Plenary Session, 7:15 a.m. - 8:15 a.m.

THE ROLE OF CONTINUOUS QUALITY IMPROVEMENT IN THE RAPIDLY CHANGING ENVIRONMENT

DIRECTOR: Ron Swenson, MD, Lansing. Presented by Quality Improvement and Credentials, Sparrow Hospital and Health System.

All morning courses run from 8:30 a.m. to noon with a half-hour break.



NOVEMBER 2-4, LANSING CENTER, LANSING

ADVANCES IN THE TREATMENT OF LUNG DISEASE

DIRECTOR: Allen Silbergleit, MD, PhD, Pontiac. Presented by Michigan Society of Thoracic and Cardiovascular Surgeons.

CLINICAL USE OF LASERS

DIRECTOR: Donald M. Ditmars, Jr., MD, Detroit. Presented by Michigan Academy of Plastic Surgeons.

COMMON FLUID-ELECTROLYTE AND ACID-BASE DISORDERS

DIRECTOR: Robert G. Narins, MD, Detroit. Presented by Department of Nephrology and Hypertension, Henry Ford Hospital.

COMPUTERIZING MEDICAL RECORDS: ENHANCED PATIENT CARE AND REDUCED LIABILITY

CO-DIRECTORS: Edmund Messina, MD, Owosso and R. Stephen Trost, JD, East Lansing. Presented by Michigan Physicians Mutual Liability Company.

HIV/AIDS AND THE HEALTH CARE PROVIDER

DIRECTOR: David B. Martin, MD, Traverse City. Presented by MSMS AIDS Provider Education Project.

LOW BACK PAIN AND ALTERNATIVES IN MANAGEMENT

DIRECTOR: Jack P. Rock, MD, Detroit. Presented by Department of Neurosurgery and Division of Rehabilitation Medicine, Henry Ford Hospital.

POSTMENOPAUSAL HORMONE REPLACEMENT THERAPY

DIRECTOR: Kamran S. Moghissi, MD, Detroit. Presented by Department of Obstetrics and Gynecology, Wayne State University School of Medicine.

FRIDAY AFTERNOON, NOVEMBER 3, 1995

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

ASTHMA UPDATE

DIRECTOR: Edward Alpert, MD, Warren. Presented by Michigan Allergy and Asthma Society.

BASIC CARDIAC LIFE SUPPORT

DIRECTOR: To Be Announced

COMMON HAND AND WRIST DISORDERS IN PRIMARY CARE

CO-DIRECTORS: Donald P. Condit, MD, and Ralph M. Costanzo, MD, Grand Rapids. Presented by The West Michigan Hand Center.

CURRENT CONCEPTS IN CLINICAL RADIOLOGY

DIRECTOR: A. P. Zingas, MD, Detroit. Presented by Department of Radiology, Wayne State University School of Medicine.

CUTANEOUS MYCOSIS

DIRECTOR: John M. Chadwick, MD, Battle Creek. Presented by Michigan Dermatological Society.

WOMEN'S HORMONAL AND PSYCHOLOGICAL HEALTH THROUGH THE LIFE CYCLE

DIRECTOR: Janice L. Werbinski, MD, Kalamazoo. Presented by MSMS Committee on Concerns of Women Physicians.

SATURDAY MORNING, NOVEMBER 4, 1995

Free "Early Bird" Plenary Session, 7:15 a.m. - 8:15 a.m.

WHAT THE PRACTICING PHYSICIAN NEEDS TO KNOW ABOUT COMPUTERS

DIRECTOR: William F. Bria, II, MD, Ann Arbor. Presented by Department of Clinical Information Systems, University of Michigan Medical School.

All morning courses run from 8:30 a.m. to noon with a half-hour break.

ALTERNATIVE MEDICINE

DIRECTOR: David Hahn, MD, Okemos. Presented by Comprehensive Medical Group, Okemos.

BASIC CARDIAC LIFE SUPPORT

DIRECTOR: To Be Announced

IMMUNIZATIONS: A LIFETIME AFFAIR

DIRECTOR: Karen B. Mitchell, MD, Southfield. Presented by Michigan Academy of Family Physicians.

PUT THE POWER OF THE INTERNET TO WORK IN YOUR MEDICAL PRACTICE

CO-DIRECTORS: Nicholas J. Lekas, MD, Dearborn and David R. Rovner, MD, East Lansing. Presented by MSMS Committee on Technology in Medicine. (Category I CME Credit is not available for this course)

MICHIGAN STATE MEDICAL SOCIETY
ANNUAL SCIENTIFIC MEETING
November 2, 3 & 4, 1995
Lansing Center, Lansing



REGISTRATION FORM

Please Print

Name _____
 (first) _____ (initial) _____ (last) _____ (title) _____

Street _____

City _____ State _____ Zip _____ County _____

Phone () _____ FAX () _____ Previous attendee? Yes _____ No _____

MSMS Member: Yes _____ No _____ Resident _____ Specialty _____ Other _____

CHOOSING YOUR COURSES: Please indicate a *first and second choice*.
 Limited Attendance Workshops are smaller, hands-on courses.

THURSDAY MORNING, NOVEMBER 2

- ____ Legislative Breakfast (7:00 a.m. - 8:15 p.m., No Fee)
- (8:30 a.m. to Noon, including break)**
 - ____ 1995 Constituent Skills Workshop (No Course Fee, Non-CME)
 - ____ Cancer Update for Clinicians
 - ____ Issues in Occupational and Environmental Medicine
 - ____ Liver Transplant
 - ____ Managed Care: Effective Contracting (Non-CME)
 - ____ Management of the Depressed Patient in Primary Care
 - ____ Pain Management
 - ____ Prevention and Treatment of Cardiovascular Disease: Part I

THURSDAY AFTERNOON, NOVEMBER 2

- (1:30 p.m. to 5 p.m., including break)**
 - ____ Allergic Skin Disease
 - ____ Colon and Rectal Cancer
 - ____ Common Medical Problems in Pediatrics
 - ____ Neurological Problems of Frequent Encounter
 - ____ Orthopaedics for the Internist and Family Physician Practice
 - ____ Prevention and Treatment of Cardiovascular Disease: Part II

FRIDAY MORNING, NOVEMBER 3

- ____ "Early Bird" Plenary Session
 "The Role of Continuous Quality Improvement in the Rapidly Changing Environment"
 (7:15 - 8:15 a.m., No Course Fee)
- (8:30 a.m. to Noon, including break)**
 - ____ Advances in the Treatment of Lung Disease
 - ____ Clinical Use of Lasers
 - ____ Common Fluid-Electrolyte and Acid-Base Disorders
 - ____ Computerized Medical Records: Enhanced Patient Care and Reduced Liability
 - ____ HIV/AIDS and Health Care Providers
 - ____ Low Back Pain and Alternatives in Management
 - ____ Postmenopausal Hormone Replacement Therapy

YOUR PAYMENT

MSMS Members: \$55 per course

MSMS Members with "retired status": \$25 per course

Residents: \$25 per course

Non-Members: \$75 per course

Nurses: \$55 per course

Students: No Course Fee

Lunch: \$15 per day

**NOTE: Each attendee must pay a \$20 one-time registration fee. Includes registration materials, handouts, coffee and plenaries.

Please contact me regarding special accommodations

Send this entire page with your payment. Confirmation of your reservation will be sent to you.

Adopt-a-Doctor Discount*

Take \$20 off your registration total if you bring a physician who has never attended (or if you have never attended) a Michigan State Medical Society Annual Scientific Meeting.

Your "adopted doctor" is _____

FRIDAY AFTERNOON, NOVEMBER 3

- (1:30 p.m. to 5 p.m., including break)**
 - ____ Asthma Update
 - ____ Basic Cardiac Life Support
 (Limited Attendance Workshop)
 - ____ Common Hand and Wrist Disorders in Primary Care
 - ____ Current Concepts in Clinical Radiology
 - ____ Cutaneous Mycosis
 - ____ Women's Hormonal and Psychological Health Through the Life Cycle

SATURDAY MORNING, NOVEMBER 4

- ____ "Early Bird" Plenary Session
 "What the Practicing Physician Needs to Know About Computers"
 (7:15 - 8:15 a.m., No Course Fee)
- (8:30 a.m. to Noon, including break)**
 - ____ Alternative Medicine
 - ____ Basic Cardiac Life Support
 (Limited Attendance Workshop)
 - ____ Immunizations: A Lifetime Affair
 - ____ Put the Power of the Internet to Work in Your Medical Practice
 (Limited Attendance Workshop, Non-CME)

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Multiply total number of half-day courses by appropriate fee:

One-time Registration Fee**	\$ 20.00
____ x \$55 (members)	+\$ _____
____ x \$25 (retired & residents)	+\$ _____
____ x \$0 (students)	+\$ _____
____ x \$75 (non-members)	+\$ _____
____ x \$55 (nurses)	+\$ _____
____ x \$15 (Thursday lunch)	+\$ _____
____ x \$15 (Friday lunch)	+\$ _____
Adopt-a-Doctor Discount* (\$20)	-\$ _____

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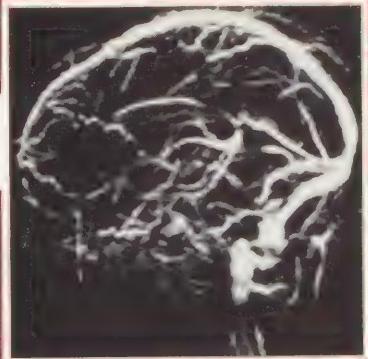


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CATEGORY I COURSES

OCTOBER

20-22, Prostate: Its Diseases and Associated Conditions.

Location: Ritz Carlton Hotel, Dearborn, Michigan. **Sponsor:** The University of Michigan Medical School. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 15 hours of Category I Credit.

21, Current Initiatives in the Care and Treatment of Asthma.

Location: Dearborn Inn, Dearborn, Michigan. **Sponsor:** The University of Michigan Medical School, Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 8 hours of Category I Credit.

26-28, Selected Hot Topics in Procedures.

Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 22.5 hours of Category I Credit.

27, 21st Annual Endocrinology & Metabolism Seminar.

Location: Marriott/East Lansing, East Lansing, Michigan. **Sponsor:** Michigan Capital Medical Center. **Contact:** Cynthia Wood, (517) 334-2107. **Approved for:** Category I Credit.

30-31, Child Abuse and Neglect: Prevention, Assessment, and Neglect.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School. **Contact:** Regis-

trar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 12 hours of Category I Credit.

(616) 337-4613 or (616) 337-6361.

Approved for: 6.0 hours of Category I Credit.

16-17, Dermatologic Procedures.

Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

16-17, 4th Annual Women's Health Care.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School, Department of Family Practice and Department of Obstetrics and Gynecology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

18, Advanced Suturing.

Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 4.0 hours of Category I Credit.

18, Update on Helicobacter Pylori for the Office Based Practitioner.

Location: Laurel Manor Conference Center, Livonia, Michigan. **Sponsor:** The University of Michigan Medical School, Department of Gastroenterology and Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 4 hours of Category I Credit.

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CATEGORY I COURSES

29, 9th Annual Infectious Disease Update. **Location:** Holiday Inn South, Lansing, Michigan. **Sponsor:** Michigan Capital Health Care. **Contact:** Cynthia Wood, (517) 334-2107. **Approved for:** Category I Credit.

DECEMBER

1-2, EGD (Gastroscopy). **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 12.0 hours of Category I Credit.

6-8, Neurology for the Non-Neurologist. **Location:** Swissotel, Chicago, IL. **Sponsor:** Rush-Presbyterian-St. Luke's Medical Center. **Contact:** Office of Continuing Medical Education, Rush-Presbyterian-St. Luke's Medical Center, 600 S. Paulina #520, Chicago, IL 60612, phone (312) 942-7095, fax (312) 942-2000.

7-8, Colposcopy for the Primary Care Physician. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.25 hours of Category I Credit.

9, LEEP/LETZ/LOOP. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 6.25 hours of Category I Credit.

10, Advanced Colposcopy. **Location:** Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 7.5 hours of Category I Credit.

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MEETINGS

MSMS MEETINGS

October

24, MSMS Task Force on Physician Networks. **Location:** MSMS Headquarters, East Lansing. **Contact:** Thomas M. Wolff at MSMS at (517) 336-5740.

November

2, Michigan State Medical Society Alliance Board of Directors Meeting. **Location:** MSMS Headquarters. **Contact:** Jennifer Anibal, Executive Secretary, MSMS-A, (517) 336-7595.

2-4, Michigan State Medical Society Annual Scientific Meeting. **Location:** Lansing Center, Lansing, Michigan. **Contact:** Sarah Cressman, Chief, Clinical Education, (517) 336-5727.

2, Specialty Society Legislative Retreat. **Location:** Radisson Hotel, Lansing. **Contact:** Donna LaGosh, Chief, Government Relations, (517) 336-5788.

15, Michigan State Medical Society Board of Directors. **Location:** MSMS Headquarters. **Contact:** Irene Frost, Executive Secretary, Executive Offices, (517) 336-5734.

16-17, Masters Series Outcomes Conference. **Location:** Ritz-Carlton Hotel, Dearborn. **Contact:** Julie Lester, Chief, Health Care Research, (517) 336-5768.

19, Annual MSMS Leadership Training Conference and 10th Anniversary Celebration on Michigan Physicians' Rally for Liability Reform. **Location:** MSMS headquarters. **Contact:** Judy Marr, Manager, Communications & Professional Relations, (517) 336-5744.

MICHIGAN SPECIALTY SOCIETY MEETINGS

October

11, Michigan Dermatological Society Scientific Meeting. **Location:** Sheraton Oaks, Novi. **Contact:** Jennifer Anibal, Executive Secretary, MDS, (517) 336-7595.

November

8, Michigan Dermatological Society Scientific Meeting. **Location:** Wayne State University, Detroit. **Contact:** Jennifer Anibal, Executive Secretary, MDS, (517) 336-7595.

AMA MEETINGS

December

3-6, American Medical Association Interim Meeting. **Location:** Chicago. **Contact:** Judy Marr, Manager, Communications, (517) 336-5744. ■

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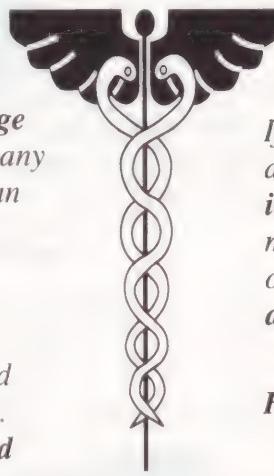
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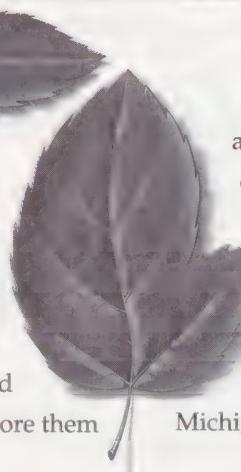
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ADVERTISING INDEX

Allied Office Interiors	29	Mobile MR Imaging, Inc.	57
Bennethum Computers	30, 60	MPMLC	BC
Binson's	69	MSMS Group Insurance Trust	12
Blue Cross Blue Shield	65	Oakwood Health Care System	67
Butterworth Health System	68	Oldsmobile	23
City of Lansing	66	Omni Care 70	
Colonial Valley Software	42	PCS Health Systems	51
Corning Clinical Labs	62	Physician Service Group	1
Davis Smith	65	Physicians Leasing Co.	49
DMC Health Centers	65	Physicians Practice Management	46
Doctor Bininski	69	PICOM	IFC
Doctor Chiodo	69	Pinkus Dermatopathology Lab., PC	48
First Care	24	Premier	60
Global Holidays	31	Professional Practice Sales	67
Harper Associates	68	Rush-Presbyterian-St. Lukes	69
Jirous Mgt. Grp.	63	Saginaw General Hospital	58
Keyboard World	50	St. Francis	64, 66, 71
The Law Center	43	Sterling	69
Meadowbrook	IBC	Stoney Point Communications	32
Medical Billing Corp.	61	Stratton Cheeseman & Walsh	4, 14
Medical Billing Service	2	Strelchek	64
MESSA	6	Three Rivers	64
Metro Plus Credit Union	47	Toledo Hospital	67
MI Beef Industry	16	Trenton Total Health Care Center	64
MI Book Store	11	US Air Force	45
MI Dept. of Public Health	41	Voyager	8
MI Health Council	66		

PRESIDENT'S PAGE

Physician Well-Being: *Business savvy an important link*

By B. David Wilson, MD

"It is thrifty to prepare today for the wants of tomorrow."

—Aesop, 550 BC, from "The Ant and the Grasshopper"

In my book, physician well-being is so much more than a touchy-feely, warm and fuzzy, "how are you f-e-l-i-n-g?" kind of thing.

To me, physician well-being boils right down to the nuts and bolts of being a physician. Our caring for patients and bedside manner may be great. Our diagnostic abilities tremendous. Our depth of knowledge awesome. But one important aspect of being a physician is one in which so many of us are weak; the business side of practice.

But when it comes to dollars and sense, too often we say "let the office manager worry about that." Even when we dump this responsibility on someone else, in these days of growing managed care and capitation, there may be a nagging thought in the back of our minds. That nagging thought is the "dis-ease" of change. Change causes stress, and no matter how deeply you place your head in the sand, this dis-ease of change will find another way into your being. It is inevitable. You can modify change, but you can not hold back change.

As medical doctors, we know we must treat a disease at its root. Don't mask symptoms. Understand and treat the underlying pathology.

We must do the same for ourselves in the economic side of our practices. This has nothing to do with greed. This has everything to do with running a viable practice so you can cover your overhead, pay your staff, make a reasonable income and keep your doors open to your patients.

If you are constantly stewing about the ever-tightening health care dollar, if you are agitated over pending managed care and capitated patients coming your way, you are not going to be at your best caring for your patients.



Determine your exact costs

One of the first healthy steps you can make is to determine your exact costs for every procedure you do; not what you charge, but what it costs. Take the time to work out the mathematics to determine your fixed costs and the variable costs for each procedure. Look for money draining excessive expenses in your office. Look for efficiencies.

This process is going to be a little time consuming in the beginning and will take some analysis, but in the long run, you will be far better off knowing your costs. When a managed care or capitated contract is suddenly thrust at you, you will be able to look at it rationally and calmly and make informed choices. Can my practice survive on this? Where can I negotiate? How much do I have to negotiate? What will be the effect on administrative costs? What about practice volume? If I go heavily into managed care and capitation, will that be a plus or minus when recruiting new physicians to my practice?

Preparation is key

It is so much better to be prepared for these questions than to panic when a new reimbursement situation confronts you. It is a basic part of your well-being. Often the stresses of change take their toll quietly, but steadily.

You owe it to yourself, to your practice, to your staff, to your family and to your patients to be prepared, to be balanced, to be well.

Well-being is all encompassing. It touches every facet of your personal and professional life. It is only smart to do everything you can do to improve it. ■

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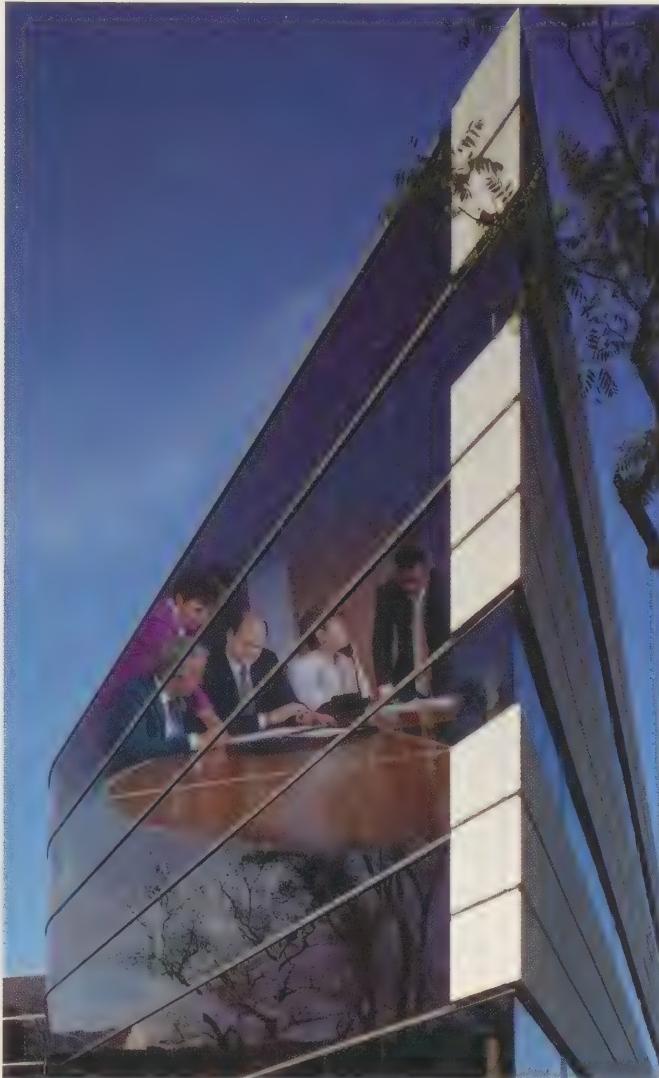
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NOVEMBER 1995
VOL. 94, NO. 11

*Award-Winning
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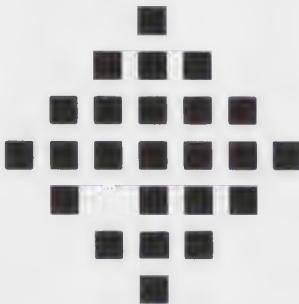
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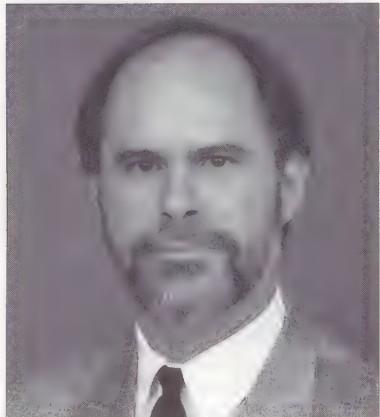
NOVEMBER 1995 VOLUME 94, NO. 11



18

COVER STORY

- 18** "These are exciting times for physicians." So says Louis R. Zako, MD, chair, MSMS Committee on Membership Recruitment and Retention, in this month's cover story. The theme of this annual report on MSMS membership is "Empowering Physicians for the Future— 10 Action Steps." Featured is a list of 10 practical and substantial ideas that speak to both the compassionate and the business side of physicians. All are presented to help physicians manage the changes taking place, and to protect what is vital to the practice of medicine, and especially, the physician-patient relationship. Also included are comments from MSMS members on the benefits of membership.



11

FEATURES

- 11 Michigan AIDS Fund** This feature tells the story behind the creation of the Michigan AIDS Fund, the seeds for which were planted during a meeting that inadvertently identified a major gap in Michigan's philanthropic response to AIDS.
By Ira Strumwasser, PhD, et al

- 15 Physician Well-Being** In this second in a series of articles on physician well-being, Kalamazoo psychiatrist David C. Dunstone, MD, addresses the changing world of medicine and how physicians need to recognize their feelings of loss and sadness and learn how to grieve for a world that once was but is no longer. "An acceptance of our limitations is certainly one way to work through and resolve a loss," he says. "Humor is an important tool, too!"

- 27 Thriving in a Managed Care Environment** In this feature, MSMS Executive Director William E. Madigan describes the steps MSMS has taken to help physicians succeed in the evolving arena of managed care.

DEPARTMENTS

- 7** Legal Briefs
- 9** Surfing the Internet
- 32** Board of Medicine Actions
- 37** Category I Courses
- 39** Classifieds
- 48** President's Page

In next month's issue: Immunizing Michigan's Children

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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

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MSMS LEGAL BRIEFS



Editor's Note: If you have a legal question you would like answered by MSMS legal counsel in this column, jot it down and send it to Betty McNerney, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950.

Update on physician self-referral and medical malpractice arbitration

By Richard D. Weber, MSMS Legal Counsel

Physician Self-Referral

Indenbaum vs. Board of Medicine. The Michigan Court of Appeals issued an opinion holding that health care professionals violate the Public Health Code and are subject to discipline if they refer patients to purchase goods or services from another facility in which the health care professional has a financial interest. The violation can result in discipline, covering the gamut from reprimand to licensure revocation. The ruling was in relation to a 1988 ruling by the Board of Medicine interpreting section 16221 (e)(iv) of the Public Health Code, which provides as follows:

(e) Unprofessional conduct, consisting of any of the following:

(iv) Directing or requiring an individual to purchase or secure a drug, device, treatment, procedure, or service from another person, place, facility, or business in which the licensee has a financial interest.

The physicians owned a limited partnership interest in a free-standing health care facility to which they referred patients or patient specimens. The limited partnership agreement expressly prohibited the physician-partners from "directing or requiring" patients to use the facility. Profits were based solely upon the physicians' proportionate ownership interests, without regard to referrals. A notice was posted advising patients of the physicians' ownership along with the offer to refer patients to another facility if the patient wished. Notwithstanding these facts, the Board of Medicine held that the physicians violated the above-referenced statute. The Oakland County Circuit Court reversed the Board of Medicine, and the Court of Appeals has now reversed the Oakland County Circuit Court. Specifically, the Court held that the word "directing" does not exclude 'referring.'"

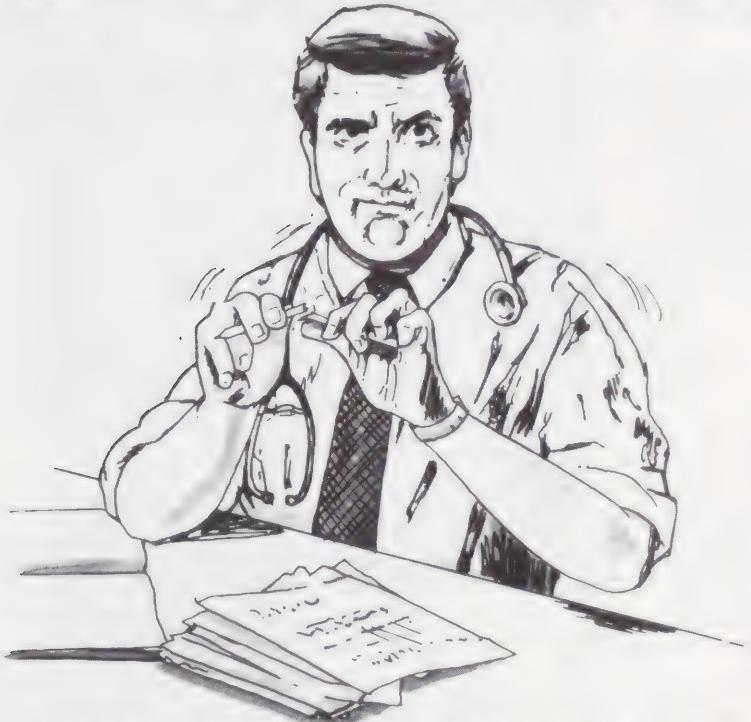
The Court stated that this construction supports the statutory purpose of attacking "the problem of overutilization of health services." The Court also held that the term "directing or requiring" is not unconstitutionally vague, and overruled the trial court in this regard. It is expected that the physicians will file an application for leave to appeal to the Michigan Supreme Court.

Arbitration

Medical Malpractice Arbitration: The malpractice reform legislation, which became effective on April 1, 1994, repealed the Medical Malpractice Arbitration statute. Because of lack of usage and administrative expenses incurred by malpractice insurers, they prefer that the law be repealed. This leaves open an issue as to whether cases subject to arbitration agreements must be arbitrated, notwithstanding repeal of the underlying statutory structure. There is no clear answer to this legal issue, but legal counsel suggested that the better solution would be for trial judges to mandate arbitration under these agreements, and leave it to the parties to seek procedures through the American Arbitration Association. Legal counsel advised the Board that MSMS is pursuing legislation to prospectively reinstate the Medical Malpractice Arbitration law, with two significant changes. The arbitration contract would be placed in the insurance or financing contract, rather than left to the physician or hospital to obtain the patient's consent at the time of treatment. Second, the opt-out provision would run from the date the insurance contract became effective, rather than the date of treatment. ■

Richard Weber is a senior partner with Kerr, Russell & Weber, Detroit.

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SURFING THE INTERNET

By Nicholas J. Lekas, MD

"Surfing the Internet," is a monthly *Michigan Medicine* feature which offers physicians practical "how-to" tips and timely information on using the Internet. If you have a question regarding the Internet or the MSMS home page, MSMSNET, contact Andrew T. Clay at MSMS via E-mail at aclay@msms.org or by phone at (517) 336-7601.

MSMSNET homepage now available to all Internet users

MSMSNET, the World Wide Web MSMS homepage, co-sponsored by Blue Cross Blue Shield of Michigan, Michigan Physicians Mutual Liability Company, Medical Billing Service, and MSMS-sponsored insurance programs, is now available to anyone with access to the Internet regardless of their online provider. MSMSNET features timely information provided by MSMS and its partners. It also serves as an easy to use directory and link to other online medical resources. To access MSMSNET use <http://www.msms.org>, or, for more information, contact Bill DeCourcy at (517) 336-7575.

Several companies provide local access to Internet

There are several Michigan Internet service providers which offer you convenient local access to the Net. (See list below.) If none of these providers serve your area, you do have other options:

1. Use a national provider such as America On-Line, Prodigy, or CompuServe. (These services offer the option of using 800 access for an additional fee.)
2. Connect to a provider, such as Voyager Information Networks, via MichNet. MichNet is a network of dial-in sites maintained by Merit Network, Inc. MichNet can provide local access from many sites across the state for an additional fee.

Legal tips on negotiating managed care contracts now on MSMSNET

MSMS has expanded its online resources for physicians by adding to MSMSNET a "Tip of the Month" on negotiating managed care contracts. Provided by MSMS legal counsel, this new site will provide

Continued on next page

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Mich.com, Inc.

(810) 478-4300

Farmington Hills

Novagate Communications Corporation

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Grand Haven, Muskegon, Holland

RustNet

(810) 642-2276

Bloomfield Hills, Madison Heights, Ann Arbor, North Oakland, Detroit, Livonia

Sojourn Systems, Ltd.

(517) 393-2738

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Traverse Communication Company

(616) 935-1705

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Voyager Information Networks (MSMSNET)

1-800-715-7873

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fresh information on a specific issue relating to negotiating managed care contracts. Users will be able to view and download information from previous months as the collection grows. Users also will be encouraged to E-mail MSMS staff member Tom Wolff with questions regarding these tips.

Downloading tip for MAC users: Get a copy of Stuffit Lite

Stuffit Lite is the Macintosh counterpart to PKZIP, either one of which allows users to compress files for faster downloading. If you are a MAC user and wish to get a copy of Stuffit Lite, simple go to the Aladdin Systems, Inc., home page, and download the shareware version. There is no charge to do this. To directly access the file for downloading, use the following URL: ftp://ftp.aladdinsys.com/pub/StuffIt_Lite_3.5.hqx

As mentioned in our September *Surfing the Internet* column, users of MS-DOS/Windows based systems are encouraged to download PKZIP. To download PKUNZIP use the following URL: <ftp://krumse-pc.acs.ohio-state.edu/gopher\software\dos\pk204g.exe>

If you are using Netscape, select *save to disk* when it asks how to handle this file. Be sure to make a note of which directory the file is saved in.

After downloading, simply run the file, and it will self-extract the PKZIP collection of programs. View the *readme.doc* file to learn more about the program you just downloaded. Now, with this first tool in your software downloading library, you may begin downloading any of the thousands of free software programs available on the Internet. ■

Doctor Lekas is chair of the MSMS Committee on Technology in Medicine. He may be contacted via E-mail at nlekas@msms.org

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The story behind the creation of the Michigan AIDS Fund

"It was the right thing to do."

By Ira Strumwasser, PhD, et al

Like many other projects, the Council of Michigan Foundations' Michigan AIDS Fund was not a planned project. The seeds for the Michigan AIDS Fund were planted during a meeting that inadvertently identified a major gap in Michigan's philanthropic response to AIDS.

It was back in the fall of 1987 at the annual conference of the Council of Michigan Foundations (the largest regional association of grantmakers in the world), when it was discovered that not one organized philanthropy in Michigan was addressing the AIDS epidemic. None of the dozen Michigan foundations represented at this conference had made any grants to organizations that worked with people who had AIDS. In fact, not one of the foundations attending the meeting had even been asked to make a grant for AIDS-related activities.

Each of the foundations had assumed that other foundations were receiving requests and responding to the growing epidemic. In reality, none were responding to a crisis that stretched far beyond the health care arena.

Fear and ignorance key stumbling blocks

Those at the meeting speculated that many of the Michigan organizations attempting to respond to AIDS were probably small, volunteer-run community organizations. These relatively new non-profit organizations may lack sophistication in grant writing and network development. These non-profits were, in all likelihood, unaware of available resources. They were probably financially and emotionally fragile. Few found conventional funders, such as major foundations, either friendly or accessible. The non-profits that worked with people who were HIV-positive didn't know the philanthropic community and the philanthropic community certainly didn't know them. By and large, the foundation community had not made any attempt to reach these struggling service organizations. As

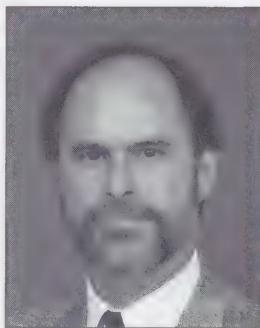
difficult as it was to admit, foundation staff and trustees were probably still ignorant and frightened by AIDS.

Some foundations and staff might find it difficult to be responsive to organizations that served people with AIDS. Some foundations were probably too large to respond to small financial requests. Other foundations may have been too small and lacked staff knowledgeable about health and AIDS-related issues. Community-based organizations needed technical assistance to articulate their needs and ask for help. Many foundations and corporate giving programs probably lacked the resources to address the complex problems facing people who were infected by the AIDS virus. If the truth was told, staff and trustees of foundations might well have been uncomfortable dealing with AIDS, which, at that time, was considered largely a sexually transmitted disease among homosexual men. Even in 1989, we in the general public as well as in the philanthropic community, lived in a general state of fear and ignorance about this dreadful disease.

Foundations get ball rolling

Foundation representatives who sat together at the CMF annual conference back in 1987 unknowingly set in motion a course of action that would eventually change the philanthropic response to AIDS in Michigan.

It was at the next meeting of Michigan-based foundations in the spring of 1988 that the concept of a Michigan AIDS Fund was born. Six foundations — The Kresge Foundation, C.S. Mott Foundation, Blue Cross and Blue Shield of Michigan Foundation, Detroit-based Metro Health Foundation, Kellogg Foundation and the Rotary Charities of



Continued on next page

Traverse City — all expressed a desire to help organize a Michigan-based philanthropic response to the AIDS epidemic. These six foundations thus became



As part of the 1995 Annual AIDS Fund Conference, the Names Project AIDS Memorial Quilt was on display at Cobo Hall in Detroit. Governor Engler declared April 3-9 "AIDS Awareness Week"

the founding members of what was to become the Michigan AIDS Fund. The Fund began to develop its mission and goals, along with a plan of action. The Fund's course and the many formidable obstacles that lay ahead were far from clear.

The Michigan AIDS Fund was defined as a project of the Council of Michigan Foundations (CMF). The purpose of the AIDS Fund was to provide a service to CMF member foundations and other donors who wanted to provide financial support to organizations concerned about AIDS. The AIDS Fund would attempt to enhance and coordinate the philanthropic response to the AIDS epidemic in Michigan. The Fund also would try to secure additional support for those who are, or are at high risk of being, infected by the AIDS virus. At the same time, the AIDS Fund actively sought to encourage collaboration among service organizations and other non-profits responding to the epidemic. The Fund itself works with both local and community organizations to assess, plan and support local responses to community needs stemming from the epidemic.

Collaboration a new role for foundations

The collaboration, for most of the AIDS Fund member foundations, represented a new role. All of them had encouraged collaboration among community-based, not-for-profits. That philanthropic

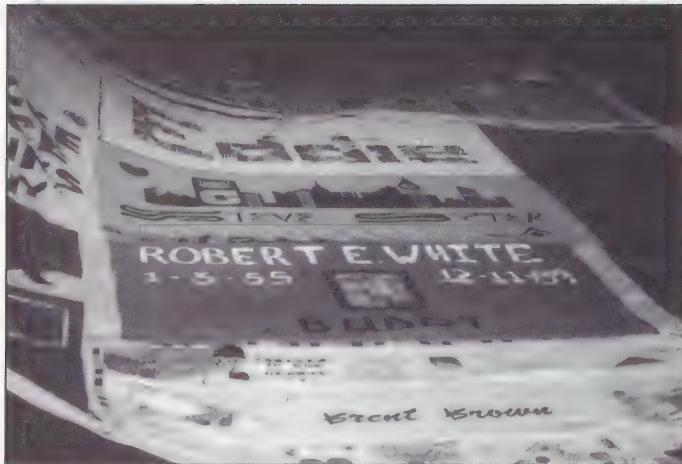
collaboration would become the lifeblood of the newborn Michigan AIDS Fund. Fund members had an opportunity to practice what they preached in forming efficient collaborations. Would it work? Or would turf, ego and competition cause the Fund to self-destruct?

Foundations, including those with limited financial and technical expertise, would be able to make a statewide impact through this new philanthropic collaboration. The partners involved in the AIDS Fund could do together what none could do alone. If the Fund members could work together effectively and if they could muster key financial and political support they could succeed. The AIDS Fund could establish a coordinated philanthropic response to AIDS. The Fund members formed a partnership that was held together not by ego, not by competition, not by compensation, not by individual authority. The collaboration was held together by sheer determination and a common commitment to make it work and to effectively assist those affected by the AIDS virus.

The AIDS Fund was formed because it was the right thing to do. Fund members knew that there would be many difficulties ahead. The likelihood of

Michigan AIDS Fund

Members of the Michigan AIDS Fund, all of whom contributed to this article, include: Glenn F. Kossick, executive director, Metro Health Foundation; Jeanette Mansour, program officer, C.S. Mott Foundation; Thomas A. Bruce, MD, and Henrie Treadwell, PhD, program officers, Kellogg Foundation; Earl Schipper, executive director, Michigan AIDS Fund; Dorothy A. Johnson, president, Council of Michigan Foundations; Barbara J. Getz, program officer, The Kresge Foundation; Mark Miller, deputy director, Michigan Department of Mental Health; Robert Collier, executive director, Rotary Charities of Traverse City; Frederick W. Bryant, MD, Michigan State Medical Society Foundation; Leonard Smith, president, Skillman Foundation; Dexter Wayne Shurney, MD, Blue Cross Blue Shield of Michigan; Michael Boucree, MD, Wellness Networks, Flint; Carolee Dodge-Francis, Dickinson-Iron District Health Department; Jay Kaplan, Esq., Michigan Protection & Advocacy Services; Duane Tarnacki, Esq., partner, Clark, Klein & Beaumont; and Mary Fisher, president, Family AIDS Network.



failure was high. Could the members keep the collaboration together? Would funding continue? Would the volunteer members of the AIDS Fund burnout as they struggled to organize a new organization that served a very sick population — while also attending to their own full-time paid jobs? What would others think if they failed? What would happen to those people with AIDS who needed this core of secure support if the Fund did not thrive? There were many unanswered questions. The possibility of success was exciting. Together the group felt they had the support, knowledge, resources and ability to overcome ignorance, resistance, fear and other external threats to the continued survival of the AIDS Fund. Together they could — and would — endure.

The work began. There were few philanthropic collaborations of this nature that could be used as a model. The AIDS Fund was not plugged into the nationwide network of Funders Concerned with AIDS (which was a fledgling organization itself). In partnership, the Michigan AIDS Fund might be able to develop an organization that could serve the community.

The feeling from the outset was that a pooled fund would offer community-based organizations the resources and support they needed. What is more important, the AIDS Fund could provide hope. The members of the AIDS Fund knew that hope was probably as important as financial support to these fragile, grassroots, community organizations. AIDS service organizations could depend on a powerful and influential partner to work with them. These organizations would have a partner they could depend on as they continued with their isolated and lonely fight against this terrible disease. As grantors, the Fund's members developed a statewide network of grantees. The AIDS Fund avoided the geo-

graphic limitations and inefficiencies that result from overlapping and redundant delivery of critically needed services to narrowly defined communities. The AIDS Fund members went about the business of fundraising.

Others contribute to Fund

Thirteen other grantmakers followed the C.S. Mott and W.K. Kellogg Foundations with gifts and contributions ranging from \$100 to \$50,000. From 1989 through 1991, the Michigan AIDS Fund raised more than \$300,000. In 1991-92, the total raised shot up to \$422,100 — then to \$707,610 in 1992-93 and to \$795,410 in 1993-94. The Fund expects to raise and grant more than \$2 million in 1995 and 1996. Since its formal inception in 1989, the Michigan AIDS Fund has raised and granted to community-based organizations roughly \$3.4 million. All of the money contributed — except for a small amount that goes to pay for administrative expenses — is re-granted to community organizations.

And so, a fragile philanthropic collaboration to fight AIDS was born. ■

Ira Strumwasser, PhD, is executive director, Blue Cross Blue Shield of Michigan Foundation (formerly the Michigan Health Care Education and Research Foundation). Editor's Note: This is the first of a two-part article on the Michigan AIDS Fund. The second part will appear in the December issue of Michigan Medicine.

Facts about AIDS in Michigan

Before 1986, there were 317 reported cases of AIDS in Michigan. In the next six years that number rose more than 1,000 percent to over 3,300 reported and confirmed cases of AIDS.

Since 1981, about 6,300 Michigan residents have been reported to have contracted the AIDS virus and more than 3,600 Michiganians have died from AIDS.

In 1994 alone, approximately 1,100 Michigan residents contracted the AIDS virus — and these are just the reported cases. It is estimated that between 10,000 and 15,000 Michiganians are infected with the AIDS virus and don't know it.

In Michigan, AIDS is the leading cause of death in both men and women ages 25 to 44. There have been striking increases of infection among women and young people ages 10 to 29.

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Physicians and Grief: *A paradigm shift*

By David C. Dunstone, MD

In this second in a series of articles on physician well-being, Kalamazoo psychiatrist David C. Dunstone, MD, addresses the changing world of medicine and how physicians need to recognize their feelings of loss and sadness and learn how to grieve for a world that once was but is no longer. "An acceptance of our limitations is certainly one way to work through and resolve a loss," he says. "Humor is an important tool, too!"

On a recent visit to Prague, a Czech psychiatrist named Jan Sikorra described the many changes he and his colleagues had seen since the fall of the communist system. He said they had all thought that after the Communists left things would get better because "all the stupid people would be gone." But they find they have a whole new set of problems, more bureaucratic upheavals, still not enough money. What this means, according to Doctor Sikorra, is that "we must not change only our budgets but our minds!"

The upheaval of health care systems seems to be a global affair. Those of us touring Doctor Sikorra's Children Psychiatric Hospital in Prague found ourselves matching him anecdote for anecdote with our experiences in the US. It often occurred to us that we appear to be inventing the very system over here they seem so delighted in dismantling over there!

Doctor Sikorra's comment about the need to change their perspective, their way of looking at medical practice, came back to me at a recent conference when I heard a speaker from the Behavioral Health Managed Care Corporation tell us that it wasn't that we should be doing "less of what we ordinarily do," but to "do something different," to re-think the kind of care we give. He was suggesting that we must shift our perspective from the concepts we'd been taught about clinical appropriateness to conform to "the Principle of Parsimony: least intensive, least extensive, least intrusive, least expensive that will accomplish what the patient requires at the time." That kind of mental gymnastics is difficult, especially when we feel we're being coerced by the practice environment.

In the mid-80's, I interviewed 19 Kalamazoo physicians to explore their reactions to the many changes in medical practice, discovering that even though many had been through remarkably challenging shifts, they were about equally divided in terms of whether they were satisfied with their practices, and this was independent of whether they thought they could adequately adapt to the changes. On repeated reviews of the tapes of these interviews, I found that to gain a comprehensive understanding, I needed to listen to several different facets of their individual identities as physicians in order to understand the depth and range of their reactions. I think of these as the various facets of our identities as physicians: 1) our individual personalities;

Continued on next page

2) our working identity; 3) the politics of medicine, or our interface with the various institutions with which we're involved; 4) the fraternity of medicine; and 5) the "priesthood" of medicine.

Looking back at those interviews and at these five facets of our identities as physicians from the perspective of the mid-90's, it seems to me that the greatest pressure on us then had to do with the rapid changes in the day-to-day work in medicine, on the threat to our working identities. The work of medicine was changing. There were many new techniques, new clinical paradigms, a flood of new information. Our institutions were changing rapidly, too, and much of our attention seemed to be focused on politics, either in the very local sense of what was happening within our hospitals and clinics or, in a larger sense, of what was happening between payor groups, government, organized medical societies, business and patient advocate groups.

More significant change

Within the last five years this political perspective has changed more significantly and we find ourselves trying to play "catch-up" as the rapidly-shifting landscape is controlled more by business interests, less by legislatures. Our smaller professional societies seem negligible in their ability to effect control. That "brotherhood of medicine" seems less and less consequential and supportive.

(Or perhaps we need different things from that support system, can't figure out how to create them? Perhaps we can't figure out how to build or restructure our societies to incorporate the realities of men and women in equal numbers and with equal power working side by side? Or to build or restructure our societies to encompass the realities of our time priorities, in which early morning meetings interfere with getting kids off to school, and after-hours meetings interfere with family life even more? Perhaps we can't figure out how to touch one another - now that we shake hands so rarely, and hugging became either dated or viewed as an assault? Certainly the isolation experienced by so many of us is confusing

and destructive, its absence a major contributor to the distress of our colleagues.)

But much of what seems to be prominent now is in that facet of the physician's identity I'm referring to as the "priesthood" of medicine. Many among us are feeling compromised by the new choices we have to make. It impinges on our sense of justice and fair play, our values. We're having to look at death in new ways, and inviting newcomers in to help us look. Our system of care is shifting from a hierarchical, paternalistic one to a more team-oriented and communicative one and we're having to share the power in ways to which we're unaccustomed.

Anthropologist/physician Melvin Konner wrote about doctors while attending medical school and compared his experience of long nights on call, sleep deprivation, harassment by house officers and attending staff with the induction of shamans he had witnessed among African tribesmen. Konner noticed that in each of the tribes he'd observed, the medicine man seemed to be separated from the rest of the tribe by a rite of initiation in which he experienced pain and sleep deprivation in order to be trusted by the tribe to care for its members. Reading his description helps explain, for me, some of the emotional anesthetization we experience as physicians.

Listening closely for our patients' pain and suffering, we experience a kind of "psychic numbing" either before or during medical school. Recently I heard someone jokingly suggest we should give medical students acting lessons so we could at least appear to be responding emotionally, compassionately!

This facet of our priesthood may be shifting, too. I heard a director of a residency training program recently suggest we need to help our residents grieve for their patients' suffering and for the pathology they're not able to address successfully or completely. This seems to represent a frontal assault on the problem of the Cartesian mind/body dualism we absorbed that seems to have led us physicians to separate ourselves from our patients' feelings, and from their pre- and post-hospitalization fear, suf-

*Teaching doctors
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to the new world of
medical practice.*

fering and pain, as well. Teaching doctors to feel for their patients, to accept their own limitations and humanity seems a necessary part of adapting ourselves to the new world of medical practice.

Listening to non-American physicians may teach us about our perspective here. Recently, I heard an Iranian house-officer telling a group of Michigan State University medical students about his frustration at a clinic patient's refusal to take the medication he'd prescribed. "It's my job to cure her illness," he said. Immediately the students began pestering him about his perspective, urging him to talk with her about their agreement to work together, to explore her failure to support the partnership he counted on. How's that for a paradigm shift?

In working with physicians who find their reactions to all the changes in medicine interfering with their ability to adapt, a common finding is that of sadness, nostalgia — a grieving for a perceived medical world that is lost. Often accompanying it is a sense of isolation, anhedonia, and an inability to image a future that contains any promise. Irritability is common, as are intrusive thoughts of recent interactions with hostile, frightened or confused patients, confrontational or passive and infuriating

bureaucrats, ignorant administrators. Simultaneous marital problems are frequent. The reactions of their autonomic nervous systems tell them they're distressed. Sometimes they're imaging they've contracted a fatal illness. Drinking, self-prescribing, overuse of medications are common.

An adjustment disorder

This is a grief reaction - an adjustment disorder - familiar to us all in our patients, perhaps less familiar when it's occurring in ourselves. And what do we do about it? Here's what we teach medical students about dealing with grief these days: we physicians need to help our patients accept the reality of the loss, allow them to experience the pain of it, adjust to a world with the deceased, re-invest in life and come to terms with the experience. If we can help our patients do this, can we also do it for ourselves? To do so, we must first see that this loss of an important construct we held of ourselves and of our relationship to our world has died, it is gone. We must bury the dead.

An acceptance of our limitations is certainly one way to work through and resolve a loss. Humor is an important tool, too! ■

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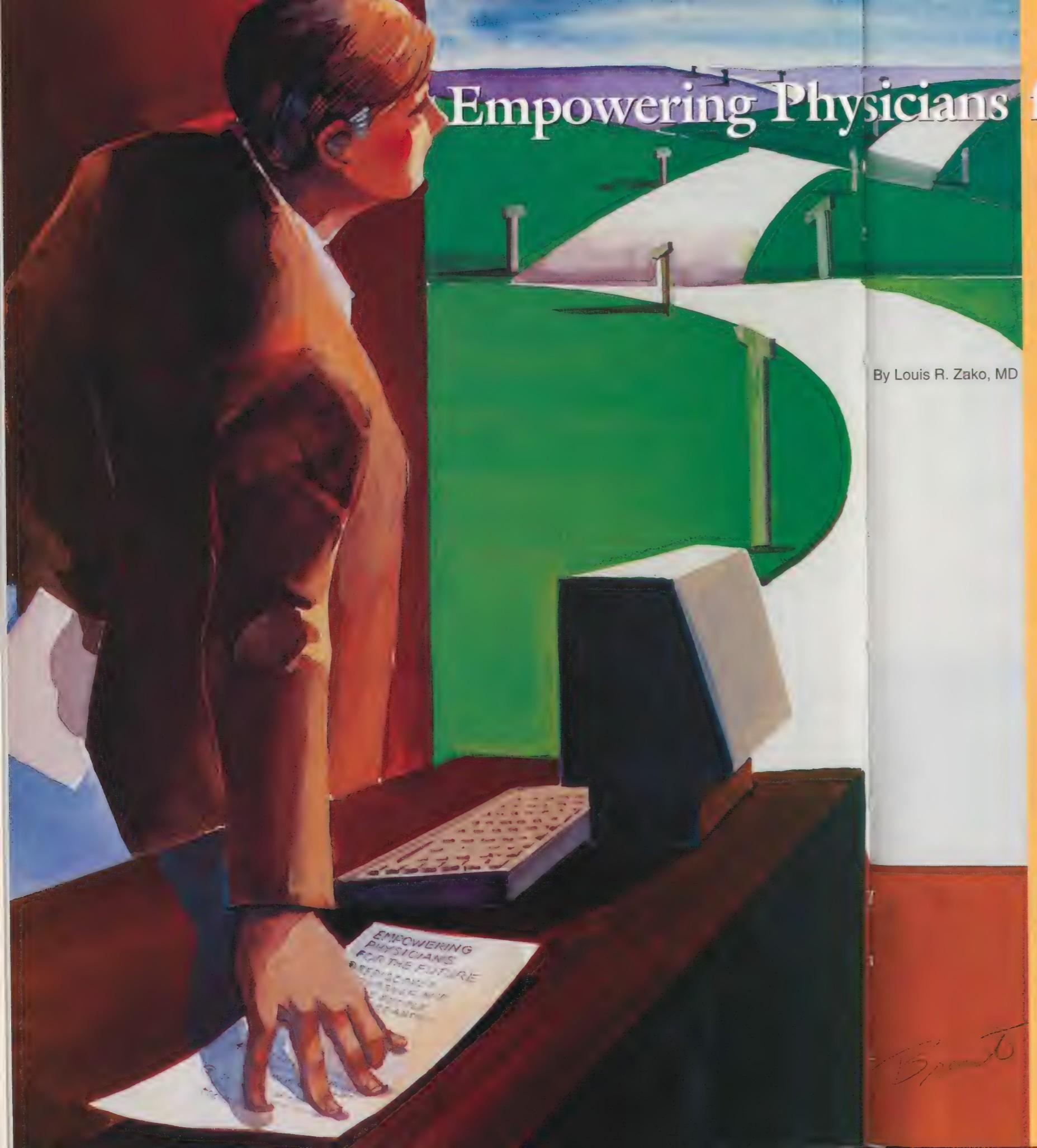
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Empowering Physicians for the Future

*MSMS can help
take you where
you want to go*



By Louis R. Zako, MD

Here's the understatement of the year: these are exciting times for the medical profession.

I'll admit that "exciting" is a simple way to express the complex dynamism of our times. Each of us defines excitement for ourselves, depending on our general outlook and our tolerance for change. What's hopeful and positive for me may seem menacing to you; what makes me anxious may leave you knowingly serene.

Clearly, as individual physicians with singular circumstances, we have changing wants and needs today. We face different challenges in our professional lives and, perhaps, in our personal lives as well. Our priorities may differ, as may our approaches to them. We cannot be lumped into neat categories.

Having said all this, I direct you to the pages that follow. "March into the Next Millennium—10 Initiatives for Physicians," is the theme for this annual membership issue of *Michigan Medicine*. Within the following pages are listed 10 practical and truly substantial ideas that speak to both the compassionate healer and the business executive within all of us. They are on the order of beatitudes for these exciting times.

I like this list. I like it because it can be relevant to each of us within the family of medicine regardless of our specialty, our practice type, our age, our gender. I like it because it's not a slick sales campaign. In fact, it suggests first that we rediscover ourselves and the people we care about.

Author Stephen Covey, the Seven Habits guru, admonishes each of us in his book, *First Things First*, to carefully identify our core priorities, to work at them, and to hold up to them all things that would distract us from them. All other things, then, he says, will fall into their rightful place. These 10 initiatives are food for thought along those lines—a menu of priorities from which each of us may pick and choose one, two or more initiatives that we find meaningful.

I also like the practicality of this list. It identifies expert MSMS resources, which, as members, are at our disposal: products; services; ombudsmen; grassroots activity; democratic processes for turning ideas into action, and most importantly, opportunities to network with each other on issues of mutual concern.

Now, more than ever, we need to use the resources of MSMS as individual physicians, and also as a solid body of professional colleagues. We need, in these exciting times, the unity and cohesiveness that MSMS brings to the negotiating table. We need to march into the next millennium as individuals united by the vital concerns we have in common. When we do, we are in a position to manage the changes taking place, and to protect what is vital to the practice of medicine, and especially, the physician-patient relationship. If we allow others to manage change, that most precious aspect of medicine may be destroyed.

I urge you to share this list with non-member physicians, and to encourage them to march into the next millennium with MSMS. Let each one of us take charge of change where it matters to us most.

Doctor Zako is chair of the MSMS Committee on Membership Recruitment and Retention.

Empowering Physicians for the Future

MSMS suggests ten action steps

Rapidly evolving, unprecedented challenges to the practice of medicine present physicians with new opportunities. MSMS and your county medical society have resources to help you connect, collaborate, plan and manage change, so you can concentrate on caring for your patients. Following are ten action steps. Take a moment to choose which step(s) will best help you to plan for the future.

1. Rediscover yourself and the people you care about.

MSMS Opportunities & Resources:

MSMS Task Force on Physician Well-Being
Chaired by: James J. Miller, MD
Staff contact: Sherry Fent 517/336-5730

MSMS Committee on Physicians in Transition
Chaired by: Thomas E. Stone, MD, and Frederick V. Minkow, MD
Staff contact: James Tarrant 517/336-7591

MSMS Committee to Assist Impaired Physicians
Chaired by: Charles F. Gehrke, MD
Staff contact: Tom Wolff 517/336-5740

MSMS Alliance
President: Jean Howard
Staff contact: Jennifer Anibal 517/336-5595

2. Rediscover the joy of helping your patients, and strengthen your relationships with them.

MSMS Opportunities & Resources:

Patient satisfaction surveys and questionnaires
Staff contact: Julie Lester 517/336-5768

Patient education materials
Staff contact: Judy Marr 517/336-5744

Abbott Press Printing for patient newsletters and materials
Staff contact: Kal Bofaris 517/336-5781

3. Arrange the business side of your practice so that it operates efficiently while you care for your patients.

MSMS Opportunities & Resources:
MSMS Practice Management Consultants
Staff contact: Jim Aluia 517/336-7599

Physician Organization Management Services
Staff contact: Tom Wolff 517/336-5740

MSMS Reimbursement Ombudsman
Joyce Nurenberg 517/336-5722

MSMS Regulatory Ombudsman
Tom Wolff 517/336-5740

Michigan Professional Credential Verification Service
Tom Bergeson
800/688-1895

Conferences and seminars
Sherry Fent 517/336-5730

MSMS/MPMLC Risk Management Programs
Mary Anne Ford 517/336-5721

MSMS Physician Service Group Endorsed Products and Services
Dawn Reha 517/336-7589

Auto leasing/purchasing; Cellular equipment; Debt collection; Publications; Insurance programs through MSMS Group Insurance Trust; Long distance service; Magazines; Medical and non-medical supplies; Medical equipment leasing; Merchant credit card program; Mobile communications; Electronic billing; Overnight mail; Personal gold card.

4. Put the many benefits of technology to work in your practice and in your personal life.

MSMS Opportunities & Resources:
MSMSNET, including Internet access and E-mail
Bill DeCourcy 517/336-7575

Computer training
Bill DeCourcy 517/336-7575

Medical Billing Service
Dawn Reha 517/336-7589

USA Flex computer hardware packages
800/568-3539

MSMS Committee on Technology in Medicine
Chaired by: Nicholas J. Lekas, MD
Staffed by: Andrew T. Clay 517/336-7601

From rural health to corporate affiliated physicians, MSMS strives to meet member needs

"MSMS is a vital link between the physician in private practice and medicine on a national scale. Before I was active, I felt disconnected, that organized medicine didn't represent me. So often the physician in the boondocks feels even more disconnected, but in the MSMS, I get to talk to other rural practitioners, and they seem to have the same concerns."

Larry L. Lawhorne, MD, Alma

"I think MSMS offers a network of colleagues you can turn to on an issue. You know you're going to have a friend in need when addressing those societal problems. It's just a collegial network."

John W. Hall, MD, Petoskey

"Most of what I do (with MSMS) is through the Committee on Aging. The MSMS handbook on elder abuse is very good. The MSMSNET is also a big potential plus. We're in a society where communication is increasingly important, and communication is much easier with E-mail. MSMS has been a great help to me personally."

Larry L. Lawhorne, MD, Alma

"I'm a physician spouse, so to me, MSMS means an organization where people can exchange views on organized medicine, educational opportunities, and upcoming legislation. Through my (MSMS) Alliance friends, I've been able to get through some bad times. When my mother was diagnosed with Alzheimer's disease, I could pick up the phone and call other members for support."

Blanche Mindlin, Pontiac

"I think the biggest advantage (of being an MSMS member) is having an organized voice in medicine. An individual physician has an impact only on immediate patient care. The MSMS helps keep us in touch with what's happening at the state level. The meetings in Marquette are good for us in the UP. It's impractical to travel too far."

Scott R. Pynnonen, MD, L'Anse

"(MSMS) is the collective voice of physicians, and the only group that represents the interests of both physicians and patients. It helps international medical graduates to work together within organized medicine. MSMS has been a leader in promoting the IMG cause, and working to eliminate discrimination."

Appa Rao Mukkamala, MD, Flint

"I'd been a member for a long time before I really got involved. When I did, I was really impressed with the success of the Domestic Violence Task Force. I got an overwhelming response — they really meant it. I saw a human side (of medicine) that was not being addressed, and a responsiveness to wider health issues. I think we have a good medical society."

Doris A. Suciu, MD, Flint

"Up until recently, the Society could offer me fairly little because I'm an employed physician. Not much was offered for us, but that's changing. MSMS is now moving forward to recognize employed and corporate physicians. I think we have a good medical society."

Angela R. Tiberio, MD, East Grand Rapids

5. Stay abreast of clinical developments and quality improvement tools.

MSMS Opportunities & Resources:

MSMS CME Programs, including the Annual Scientific Meeting and annual Maternal Health Conference
517/336-5727

Continuous Quality Improvement Programs
Sherry Fent 517/336-5730

Participate in the development, implementation and adaptation of practice parameters and guidelines

Mary Anne Ford 517/336-5721

MSMS/MPMLC Risk Management Programs
Mary Anne Ford 517/336-5721

State and National Specialty Societies
Donna Brown 517/336-5735

Physician Review Organization of Michigan
James Tarrant 517/336-7591

6. Use your influence with law-makers to communicate physician and patient interests, and to shape health care policy.

MSMS Opportunities & Resources:

Grassroots involvement through MDPAC
Donna LaGosh 517/336-5788

Physician Legislative Network
Staffed by: Andrew Lott 517/336-5719

Day at the Capitol program
Staff contact: Andrew Lott 517/336-5719

Capitol Check-up
Staffed by: Donna LaGosh 517/336-5788

Testify
Staff contact: Greg Aronin 517/336-5739

Alliance for Judicial Accountability
Donna LaGosh 517/336-5788

MSMSNET Legislative Updates

Andrew Lott 517/336-5719

E-mail to Legislators

Bill DeCourcy 517/336-7575

Medigram newsletter

Staff contact: Claudia Skutar 517/336-5748

7. Exchange ideas and information with your colleagues for personal and professional support.

MSMS Opportunities & Resources:

Explore affiliation/integration opportunities with MSMS assistance, including Physician Organization and Management Services and MSMS Contract Review Service
Staff contact: Tom Wolff 517/336-5740

Participate in your Hospital Medical Staff and the MSMS Hospital Medical Staff Section

Chaired by: Edward J. Rutkowski, MD
Staff liaison: F. B. "Tom" Plasman 517/336-5724

Network with colleagues through the structure of your State and County Medical Societies

Staff liaison: Deborah Zanno 517/336-5763

MSMS Section on International Medical Graduates

Chaired by: Kenneth A. Jordan, MD
Staff liaison: Betty McNerney 517/336-5749

MSMS Committee on Concerns of Women Physicians

Chaired by: Janice Werbinski, MD
Staffed by: Sherry Barnhart 517/336-7786

MSMS Young Physicians Section

Chaired by: Carol van der Harst, MD
Staff contact: Deborah Zanno 517/336-5763

Serve as a Delegate to the MSMS House of Delegates

Speaker: Gary D. Maynard, MD
Donna Brown 517/336-5735

Encourage your Spouse to Join the MSMS Alliance

President: Jean Howard
Staff contact: Jennifer Anibal 517/336-7595

8. Invest in the people who support your work.

MSMS Opportunities & Resources:

Create an environment that attracts and retains quality employees through MSMS Practice Management Consultation and Seminars

Staff contact: Jim Aluia 517/336-7599

MSMS-sponsored continuing education for office staff

Staff contact: Sherry Fent 517/336-5730

Review and update employee benefits with MSMS Group Insurance Trust representatives

Staff contact: John Richards 517/336-7577

Support membership in Michigan Medical Group Managers Association, Michigan Medical Assistants and the MSMS Alliance

Staff contact: Dawn Reha 517/336-7589

9. Be an advocate for yourself and your profession in the changing health care environment.

MSMS Opportunities & Resources:

Physician Organizations, using resources available through MSMS:

Physician Organization and Management Services

Fred E. Patterson, MD

Staff contact: Tom Wolff 517/336-5740

Business planning from MSMS Practice Management Consultants

Staff contact: Jim Aluia 517/336-7599

Contract review service

Staff contact: Tom Wolff 517/336-5740

Third party payer advocacy

Staff contact: Mary Anne Ford 517/336-5721

Evaluation of Health Plans

Staff contact: Mary Anne Ford 517/336-5721

Reimbursement Ombudsman

Joyce Nurenberg 517/336-5722

MPRO Ombudsman

F. B. "Tom" Plasman 517/336-5724

Regulatory Ombudsman

Tom Wolff 517/336-5740

Network with business coalitions, local employers, labor unions and employee groups

Staff contact: F. B. "Tom" Plasman 517/336-5724

Participate in your county medical society

Staff contact: Deborah Zanno 517/336-5763

Get involved in MSMS legislative efforts, including MDPAC, Day at the Capitol, Physician Legislative Network; Testify, and Vote

Staff contact: Greg Aronin 517/336-5739

Participate in hospital governance and committee activity

Staff contact: F. B. "Tom" Plasman 517/336-5724

Participate with governing boards and advisory committees of health insurance companies and managed care organizations

Staff contact: Mary Anne Ford 517/336-5721

10. Help to make your community a better place to live, work and play.

MSMS Opportunities and Resources:

MSMS Committee on Physicians in Transition

Chaired by: Thomas E. Stone, MD, and Frederick V. Minkow, MD

Staff contact: James Tarrant 517/336-7591

Community projects supported by your county medical society

Staff contact: Deborah Zanno 517/336-5763

Community projects supported by the MSMS Alliance

President: Jean Howard

Staff contact: Jennifer Anibal 517/336-7595

Community projects supported by the MSMS Health Education Foundation

President: Robert E. Paxton, MD

Staff contact: Dawn Reha 517/336-7589



MSMS Target Events for 1995-96

DECEMBER

- 3-7** AMA Interim Meeting, Washington, DC
- 11** MSMS releases Phase III physician satisfaction data with Michigan health plans.
- 15** MSMS initiates evaluation of profit/loss fund balances for Michigan hospitals.

JANUARY

- 2** Alliance for Judicial Accountability and Justice for Michigan Citizens PAC begin drive to 1996 state supreme court elections.
- 17** MSMS releases Phase III evaluation of Michigan health plans: physician satisfaction
- 17** MSMS Board of Directors Meeting, East Lansing

FEBRUARY

- 14** MSMS hosts Regional Colloquy for Corporate Affiliated Physicians.

MARCH

- 1-2** Joint Section Meeting combines delegates from Hospital Medical Staff, International Medical Graduates, and Young Physicians sections, Ritz Carlton, Dearborn.

- 5** MSMS Women Physicians/Women Legislators Meeting, East Lansing

- 10-12** MSMS members visit congressional representatives during AMA Leadership Conference, Renaissance Hotel, Washington, DC.

- 20** MSMS Board Meeting, East Lansing

- 28** MSMS Maternal Health Conference, Troy

APRIL

- 15** MSMS hosts Regional Colloquy for Corporate Affiliated Physicians.
- 26-28** MSMS House of Delegates, Ritz Carlton, Dearborn.
- 26, 28** MSMS Board Meeting, Ritz Carlton, Dearborn

MAY

- 15** MSMS cosponsors Michigan rural HIV/AIDS conference, Park Place, Traverse City.

JUNE

- 23-27** AMA House of Delegates Meeting, Chicago ■

MSMS Alliance:Membership Matters

By Blanche L. Mindlin

We all have the need to belong. We look for organizations which can best meet our goals. We are caring and sensitive people from all walks of life. We are domestic engineers and working people. We are educators, nurses, receptionists, physicians and yes, even attorneys. We are members of the Michigan State Medical Society Alliance and its component societies of the AMA Alliance and our local counties.

It is true that the spouses of the medical profession were once mostly non-working women who spent their afternoons at luncheons discussing the latest fashions and restaurants and sometimes helped in times of need - selling war bonds or packing cancer supplies, even raising money for nursing scholarships. Today, our alliance member can be a male spouse, and usually works outside the home and inside. We don't just have luncheons but

dinners, too. We work in the political arena getting the message across about organized medicine and helping the health of our state citizens. We raise funds to help start and equip shelters for victims of domestic violence. We honor our physician spouses each March 30 on Doctor's Day as they also honor us in March during Medical Alliance Month.

The importance of membership in the medical society cannot be over emphasized. Membership by physicians in the AMA, MSMS and your county societies increases the voice of organized medicine in these changing times. Membership by your spouse in the Alliance at all levels doubles this voice. As you write your check, remember your spouse. *Membership is a partnership. Make it work for all of us.* ■

Blanche Mindlin is vice president and membership chair of the MSMS Alliance



MICHIGAN STATE MEDICAL SOCIETY

AIDS PROVIDER EDUCATION PROJECT

MSMS HIV/AIDS Speakers Bureau

The MSMSM HIV/AIDS Speakers Bureau is a resource comprised of over 150 individuals available to speak to groups on a variety of HIV/AIDS-related issues. Available speakers include doctors, nurses, social workers, attorneys, infection control practitioners and people who are infected with HIV/AIDS. The HIV/AIDS Speakers Bureau is part of the MSMS AIDS Provider Education Project.

**Presentations are available
on a variety of topics including:**

- Universal precautions and infection control guidelines
- Prevention and education of HIV/AIDS
- Psycho-social Issues
- Legal aspects of HIV/AIDS
- HIV/AIDS in the workplace
- HIV/AIDS in Women

AIDS Provider Education Project

Michigan State Medical Society

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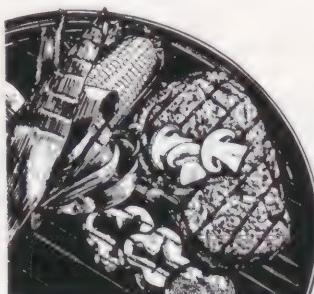
A 3-ounce serving is about the same size as a deck of cards.

2 Some cuts of beef are leaner than others. The leanest cuts come from the loin and round areas of the steer. The Skinniest Six cuts are the: Top Round, Top Loin, Round Tip, Tenderloin, Sirloin and Eye of Round.



Beef is a nutrient-dense food, meaning it has a high level of nutrients compared to calories. It's an excellent source of high quality protein, iron, zinc and other essential nutrients.

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Beef is appropriate for low-fat cooking methods such as broiling, rack roasting, pan broiling, grilling and poaching.



For a free copy of Nutrition Strategies, or for more heart-healthy information, please contact the Michigan Beef Industry Commission. This piece opens into a poster and suggests a number of painless steps you can take to achieve better health.



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Okemos, Michigan 48864
517/347-0911 ♦ 517/347-0919 (FAX)

Thriving in a Managed Care Environment



MSMS provides the services and information you need

By William E. Madigan, Executive Director
Michigan State Medical Society

For the past two years, the Michigan State Medical Society (MSMS) has engaged in an aggressive, two-pronged strategy to help our members succeed in a managed care environment. The first prong is to educate Michigan physicians about managed care and physician organizations (POs). The second is to help physicians establish and operate POs by providing expert consulting services.

MSMS is engaging in a multi-faceted educational effort that includes presentations, conferences, seminars, case studies and articles.

Presentations

MSMS has made over 100 presentations to county medical societies, hospital medical staffs and other physician groups concerning the changing health care delivery system. The key messages of these presentations:

- Physicians can provide high quality care in a managed care environment.
- Opportunities do exist under managed care for physicians to benefit financially by providing cost-effective care.
- Physicians must not adopt a "head in the sand approach."
- Physicians have options for responding to managed care, including becoming an employee of a hospital or HMO or joining a hospital-driven, physician hospital organization (PHO), although MSMS strongly encourages physicians to explore the development of a PO. Reasons for this emphasis on POs include:
 - A PO is a physician-owned entity, physicians, themselves, make all major decisions concerning credentialing, utilization management and quality assurance.
 - A PO enables physicians to unite behind common goals and, thus, can be an effective defense against "divide and conquer" strategies by hospitals and payers.
 - In the event physicians create a PHO with a hospital, a PO should result in more effective physician representation in the PHO.

Conferences and seminars

MSMS is conducting a series of high level, educational programs called the "Masters Series." Three of the conferences have focused on the development and operation of POs and PHOs and have featured several expert consultants, including Jeff Goldsmith, PhD, and Nathan Kaufman.

MSMS also has held a series of managed care conferences. These conferences have focused on many issues, including the development of outcomes measurements, practice guidelines and management information systems, as well as ethical issues in managed care.

In addition, MSMS has sponsored 20 seminars concerning managed care and POs. Among the topics that have been discussed are capitation, how to prepare your practice for managed care, the key legal issues involved in managed care contracts and the perspective of business coalitions concerning changes in health care delivery.

MSMS also has cosponsored, along with the University of Michigan, three physician executive leadership institutes (PELIs). These three-day programs are designed for physicians who are either considering whether to become a physician executive or desire to become better prepared to interact in physician organizations or other integrated networks. Topics include the applications of health finance and economics, the use of health status measures, and capitation.

PO/PHO case studies

Another major educational activity has been participation in the PHO and PO case study projects. These projects have been sponsored by AMA, MSMS, ISMA and ISMS. The PHO case study project involved visits to eight PHOs throughout the country. Extensive interviews were held with the key physicians, hospital administrators and administrative staff of these organizations. Among the lessons learned include the importance of establishing a PO before working with the hospital to create a PHO, the need to have a sophisticated management information system and the need to develop an effective medical management system. Nearly 1,000 copies of the case study report have been sold.

The PO case study involved visits to nine POs, including POs in the heavily managed care markets of Los Angeles and St. Paul, Minnesota. We learned through these visits the importance of having a sound business plan, that POs may not need to "partner" with a hospital, insurance company or physician management company, and that under capitation, it is important to align the incentives of phy-

sicians and hospitals. A report of the PO case study is now available. An order form appears on page 00.

Articles

MSMS has published numerous articles about managed care and POs in *Michigan Medicine*, the Society's monthly magazine. Among the articles are detailed reports concerning the POs that participated in the PO case study project and articles describing the experiences of the Michigan POs that MSMS has helped to organize.

Consulting services

In 1993, MSMS established Physician Organization and Management Services (POMS), the only consulting service in Michigan developed by physicians for the advancement of physicians' interest. MSMS established POMS because we owe it to our members to provide the services they need to organize and operate POs. MSMS believes that health care, like politics, is basically a local or regional activity. Thus, our strategy is to help physicians develop physician-driven, local networks, rather than create an MSMS-sponsored, statewide network.

Through POMS, MSMS provides consulting services concerning PO formation and operation through a network of "physician friendly" expert consultants. POMS includes MSMS staff, as well as Thomas M. Gorey, JD, president, Policy Planning Associates, Lakewood, IL, and John R. C. Wheeler, PhD, and Dean G. Smith, PhD, of the University of Michigan's Department of Health Services Management and Policy. Another key component of POMS is our relationship with William M. Mercer, Inc., a respected consulting firm.

POMS provides several consulting services to help physicians form POs. These services include physician interviews, market research, strategic planning and the development of a business plan, legal services, executive search firm services and interim CEO services.

Physician interviews

In order to determine whether it is feasible for a particular group of physicians to establish a PO, POMS conducts confidential interviews with the

*"...Our strategy is
to help physicians
develop physician-
driven, local
networks..."*

leaders of the group. Among the questions that are addressed in these interviews are:

- What should a PO's approach to managed care be?
- If a PO is created, what goals do you think it should have?
- How much money would you be willing to invest in a PO?
- Are there factors you are aware of that could hinder the development of a PO?

After the physician interviews are conducted, POMS develops a written report and presents it to the physician group. On one occasion, POMS recommended that the physicians not establish a PO because it was apparent that the physicians could not work well together. The physicians agreed with the recommendation and did not form a PO.

Market research

Market research involves conducting interviews with representatives of several major, local employers and third party payers. There are several purposes for these interviews, including:

- Determining the perceived strengths and weakness of health care delivery in the area.
- Ascertaining what major employers and third party payers want from a PO.
- Determining how the PO can differentiate itself from its competitors in the marketplace.

These interviews are critically important in attempting to focus the PO on being responsive to the needs of employers and third party payers.

Strategic planning, business plan development

Other services provided by POMS are to serve as facilitator for strategic planning meetings and to develop a business plan for the PO. Among the topics that are addressed in the strategic planning process and in the business plan are:

- Mission statement
- Strategic objectives
- Differentiating features
- Governance issues
- Quality assurance mechanisms
- Utilization management systems

Legal services

The development and operation of a PO involves many legal issues, including drafting articles of incorporation and bylaws, as well as antitrust issues. While MSMS does not directly provide legal services for POs, we do recommend competent attorneys to provide these services.

Executive search firm services

POMS has served as an executive search firm for two physician groups. This has involved interviewing and screening potential CEO candidates and recommending qualified candidates to the PO Board of Directors.

Interim CEO services

POMS provides interim CEO services for two POs which have decided not to hire a full-time CEO immediately, but still need staff to run the day-to-day affairs of the organization. In serving as interim CEO, MSMS staff meet with representatives of hospitals, insurance companies, business coalitions and physician management companies on behalf of the PO. A key short-term goal of these POs is to find a "partner" which can provide them access to capital and management services.

Status report

Through POMS, MSMS has helped establish eight POs that include nearly 1,000 Michigan physicians. Two of the POs are engaged in serious discussions with a major, national physician management company. Other POs are interested in developing a PHO with their local hospital.

MSMS believes strongly that providing education and consulting services is meeting a significant need of our membership. Michigan physicians have responded to our initiatives in an extremely positive manner. Over the past two years, MSMS has had a net increase of over 300 new members. This number would be much higher were it not for the many physicians who retire each year. MSMS also has had a significant increase in AMA members to the point where we have gained an additional seat in the AMA House of Delegates.

Finally, our activity has clearly enabled us to "connect" with our members. We have heard countless comments about how our PO initiatives are relevant to our members' needs on the single most important issue they face: how to not simply survive under managed care but to thrive. Moreover, at our 1995 House of Delegates meeting, our members gave staff a standing ovation — the first time anyone can recall.

MSMS continues to examine new ways to help our members succeed in a managed care environment. To this end, an MSMS task force is studying whether it is advisable for MSMS to establish a state-wide network, HMO or management services organization. The task force will issue its report at the 1996 House of Delegates meeting. ■



PO Case Study Report

Now Available

The PO case study report of nine physician organizations across the U.S. was developed by the Michigan State Medical Society, the AMA and the Indiana State Medical Association. The report examines many issues concerning PO development and operations, including how much money is needed to capitalize a PO, how to engender physician commitment to the PO, whether primary care-only and specialists-only POs are viable, and the key elements of an effective medical management system.

=====

Yes! Please send me the PO case study report.

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BOARD OF MEDICINE ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Jonathon A. Agbebiyi, MD, P.O. Box 181135, Corpus Christi, TX 78480

Action, Date Taken: License Summarily Suspended, 08-07-95

Reason: Negligence-Incompetence

Name: Cindy Jo Bix, MD, Western Michigan Cancer Center, 200 North Park Street, Kalamazoo, MI 49007

Action, Date Taken: By Order of the Ingham County Circuit Court, the Order of the Board of Medicine Disciplinary Subcommittee dated 4-18-95 is Stayed. 08-01-95

Reason: None Available

Name: William H. Carranza, MD, 3001 Henry Hudson Pkwy, Apt. 1MM, Bronx, NY 10463-4717

Action, Date Taken: Reinstated w/Limited License, Probation concurrent w/limitations, 08-14-95

Reason: None Available

Name: Thomas W. Cutter, MD, 1117 Lake Blvd., St. Joseph, MI 49085

Action, Date Taken: License Summarily Suspended, 07-25-95

Reason: None Available

Name: Maria del Carmen Soto, MD, 4089 Capital Ave., SW, Battle Creek, MI 49017

Action, Date Taken: Reinstatement Denied, 08-24-95

Reason: None Available

Name: Lamberto E. Eugenio, MD, 4700 E. McLeod, Suite A, Saginaw, MI 48604

Action, Date Taken: Reprimand, 08-21-95

Reason: Technical Violation of Article 7 of the Public Health Code

Name: Curtis G. Graham, MD, Bronson Methodist Hosp., 252 E. Lovell St., Kalamazoo, MI 49007

Action, Date Taken: Probation - 2 yrs., 09-15-95

Reason: Failure to Report/Comply Sister State Disciplinary Action

Name: Patrick J. Greene, MD, 50 Glenbrook Rd., Stamford, CT 06902

Action, Date Taken: License Revoked, Fine \$5,000.00, 09-15-95

Reason: Failure to Report/Comply Sister State Disciplinary Action

Name: Clair E. Hendershott, DO, 900 N. Main St., P.O. Box 1395, Rochester, MI 48308

Action, Date Taken: License Summarily Suspended, 08-04-95

Reason: Drug Related

Name: Stephen D. Hershey, MD, P.O. Box 970814, Ypsilanti, MI 48197

Action, Date Taken: License Suspended - 6 mo. & 1 day, 08-16-95

Reason: Negligence, Probation Violation

Name: William T. Kelly, MD, 575 Meadowbrook Dr., Adrian, MI 49221

Action, Date Taken: License Permanently Limited, 07-19-95

Reason: Mental/Physical Inability to Practice

Name: Mark S. Leslie, MD, 701 Third Street, Traverse City, MI 49684

Action, Date Taken: License Limited Probation - 2 yrs., 07-27-95

Reason: Substance Abuse

Name: James D. Payne, DO, 2161 Heritage Drive, Bay City, MI 48706

Action, Date Taken: Reinstated w/Limited License - 1 yr., Probation - 1 yr. concurrent w/limited license, 08-23-95

Reason: None Available

Name: Norman R. Schakne, MD, 26711 Woodward Ave., Ste. 200, Huntington Woods, MI 48070

Action, Date Taken: By Stipulated Order of the Oakland County Circuit Court, the Final Order of the Board of Medicine dated June 13, 1995 becomes effective on August 25, 1995. 08-11-95

Reason: None Available

BOARD OF MEDICINE ACTIONS

Name: Edward T. Turner, MD, 23077 Greenfield, Suite 282, Southfield, MI 48075

Action, Date Taken: License Suspended - 30 days, Probation - 1 yr., Fine \$500.00, 09-15-95

Reason: Drug Related

Name: Victor O. Ubom, DO, 24410 Santa Barbara, Southfield, MI 48075

Action, Date Taken: License Suspended - 30 days, License Limited - 2 yrs., Probation - 2 yrs. concurrent w/limitations, Fine \$2,500.00, 08-10-95

Reason: Drug Related

Name: Michael D. Ward, MD, 1305 N. Oakland Blvd., Waterford, MI 48327

Action, Date Taken: License Summarily Suspended, 08-15-95

Reason: Criminal Conviction-Alcohol Related

Name: Clarence W. Wilson, DO, 3415 Santa Clara Ct., Flint, MI 48501

Action, Date Taken: License Summarily Suspended, 08-16-95

Reason: Drug Related

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Location: Lawrence Education Center, Borgess Medical Center, Kalamazoo, Michigan. **Sponsor:** Michigan State University Kalamazoo Center for Medical Studies. **Contact:** Charles L. Zeller, Jr., MD or Jeff Greene, MSU/KCMS, 1000 Oakland Dr., Kalamazoo, Michigan, 49008-1284, (616) 337-4613 or (616) 337-6361. **Approved for:** 6.0 hours of Category I Credit.

16-17, Dermatologic Procedures.

Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 15.5 hours of Category I Credit.

16-17, 4th Annual Women's Health Care.

Location: Towsley Center, University of Michigan, Ann Arbor, Michigan. **Sponsor:** The University of Michigan Medical School, Department of Family Practice and Department of Obstetrics and Gynecology. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** Category I Credit.

18, Update on Helicobacter Pylori for the Office Based Practitioner.

Location: Laurel Manor Conference Center, Livonia, Michigan. **Sponsor:** The University of Michigan Medical School, Department of Gastroenterology and Department of Internal Medicine. **Contact:** Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, Michigan 48106-1157, (313) 763-1400. **Approved for:** 4 hours of Category I Credit.

18, Advanced Suturing.

Location: Ashman Court Hotel, Midland, Michigan. **Sponsor:** The National Procedures Institute. **Contact:** Linda Hallman, 4909 Hedgewood Dr., Midland, Michigan, 48640, 1-800-462-2492. **Approved for:** 4.0 hours of Category I Credit.

29, 9th Annual Infectious Disease Update.

Location: Holiday Inn South, Lansing, Michigan. **Sponsor:** Michigan Capital Health Care. **Contact:** Cynthia Wood, (517) 334-2107. **Approved for:** Category I Credit.

Continued on next page

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Eduardo Phillips, M.D., F.A.C.S., F.I.C.S., President, International College of Surgeons, Michigan Division, Chairman, Department of Surgery, Sinai Hospital, Detroit, MI, Clinical Assistant Professor of Surgery, Wayne State University, Detroit, MI
Andrew Saxe, M.D., F.A.C.S., F.I.C.S., Secretary/Treasurer, International College of Surgeons, Michigan Division, Section Chief, Endocrine Surgery, Program Director, Department of Surgery, Sinai Hospital, Detroit, MI, Clinical Assistant Professor of Surgery, University of Michigan, Ann Arbor, MI

GUEST SPEAKERS

J. Lee Sedwitz, M.D., F.A.C.S., F.I.C.S., Clinical Associate Professor of Surgery, East Carolina University School of Medicine, **LECTURE:** The Belle Époque of Surgery, Life and Times of Theodor Billroth
Sofia Merajver, M.D., Ph.D., Assistant Professor, Department of Medicine, Director, High Risk Breast Cancer Clinic, University of Michigan, Ann Arbor, MI, **LECTURE:** Genetics of Breast Cancer -What the Surgeon Needs to Know
Edgar D. Staren, M.D., Ph.D., Associate Professor, Department of General Surgery, Assistant Dean for Clinical Curriculum, Rush Medical College, Chicago, IL, **LECTURE:** Ultrasonography for the General Surgeon
John H.C. Ranson, B.M., B.Ch., M.A., S. Arthur Localio Professor of Surgery, Director, Division of General Surgery, New York University School of Medicine, **LECTURE:** Complicated Pancreatitis
Andrew Saxe, M.D., F.A.C.S., F.I.C.S., **LECTURE:** What's New in Parathyroid Surgery
Jeremiah G. Turcotte, M.D., F.A.C.S., Professor of Surgery, Director, Organ Transplantation Center, Director, Liver Transplant Program, University of Michigan Medical Center, Ann Arbor, MI, **LECTURE:** Hepatic Surgery in the Era of Liver Transplantation
John B. Charles, Ph.D., Project Scientist, Human Life Sciences, NASA-Mir Program, Lyndon B. Johnson Space Center, Houston, TX, **LECTURE:** Cardiovascular Aspects of Space Flight

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Continued from previous page

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9, LEEP/LETZ/LOOP. Loca-

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10, Advanced Colposcopy.

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Continued on page 42

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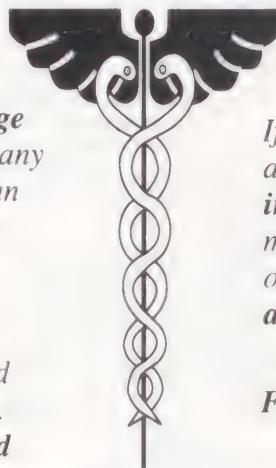
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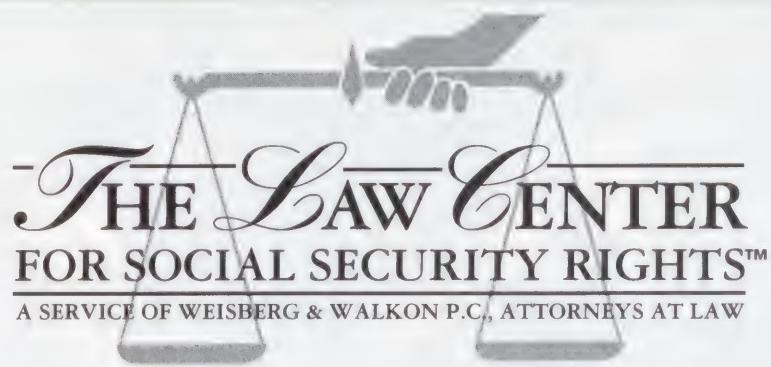


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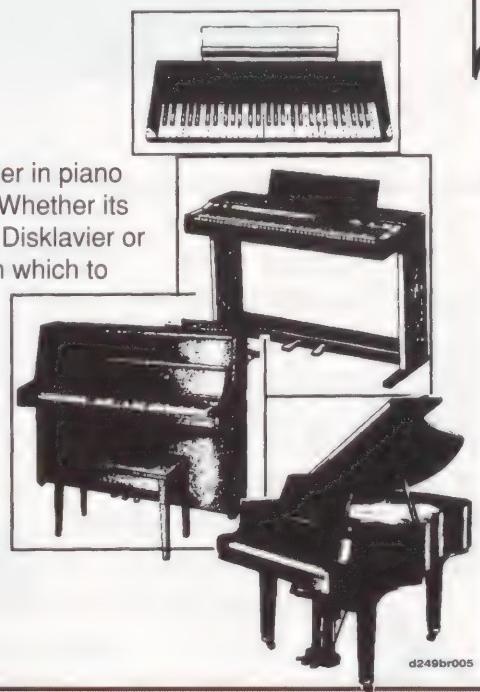
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ADVERTISER INDEX

Beaumont Hospital	47
Bennethum Computers	47
Binson's	38
Blue Cross Blue Shield	4
Brainerd	40
Butterworth Health System..	44
Cellular One	41
Comerica	35
Davis Smith	41
DMC Health Centers	43
Doctor Chiodo	44
First Care	8
Harper Associates	39
Harvey Lexus	17
Hosp. & Health Services Credit Union	34
International College of Surgeons	37
Jirous Mgt. Grp.	34
Kent Pathology	14
Keyboard World	45
The Law Center	45
Lexus of Lansing	33
Marshall Music	34
Meadowbrook	IBC
Medical Billing Corp.	31
Medical Billing Service	2
MI Beef Industry	26
MI Book Store	14
MPMLC	BC
MSMS AIDS Education Project	
26	
MSMS Group Insurance Trust	6
Oakwood Health Care System .	43
Physician Service Group	1
Physicians Leasing Co.	10
PICOM	IFC
Pinkus Dermatopathology Lab., PC	38
Premier	35
Professional Practice Sales ...	43
St. Francis	39, 40, 46
Sterling	44
Three Rivers	43
US Air Force	42

PRESIDENT'S PAGE

We need to hear many voices, then speak with one

By B. David Wilson, MD

"Behold, how good and how pleasant it is for brethren to dwell together in unity." —Holy Bible, Psalms 133:1

When a group of MSMS and Alliance members visited our representatives in Congress at the end of September to talk about Medicare, we heard over and over again that they wanted to hear *one voice* from organized medicine. Congressional members asked, "What is the AMA position?"

To speak with one voice is not always easy in these days of fractionalization and factiousness, but I believe all of us in the House of Medicine must continue to work toward cohesiveness. To do otherwise would be to risk disintegration and dissolution.

It will take imagination, innovation and dedication to keep and retain our young physicians, our growing numbers of women physicians, our corporate affiliated physicians, our physicians involved in managed care, physicians in group practices as well as the traditional solo practitioners.

MSMS is trying a variety of avenues to improve the fold—which I will mention shortly—but it's interesting to me that several excellent ideas I have experienced recently in my travels as MSMS president are coming from the county medical societies.

In September, **Marquette-Alger County Medical Society** hosted the annual Upper Peninsula Medical Society meeting. Physicians were encouraged to bring along not only spouses, but the entire family.

Bringing the whole family allowed the physicians to accomplish two things at once; attend an important meeting and spend quality time with their families.

Another idea from the Upper Peninsula came from John Petrasky, MD, treasurer of the **Delta County Medical Society**. He asked me if MSMS staff and/or officers could call in to their medical society meeting each month to give an update on MSMS activities. Using their easy-to-use teleconferencing equipment, those in attendance in Delta can hear and talk to people calling in from MSMS Headquarters in East Lansing. We will try out this idea during Delta's next meeting. If it's effective, I'm certain we will be offering the same service to other county medical societies.



Finally, our **Kalamazoo Academy of Medicine** county board and Executive Director Susan Saewert have experimented with having our usual evening meeting early in the morning instead. Turnout at the last meeting was improved, with a greater number of younger physicians attending.

My point is that sometimes it doesn't take a wholesale shake-up to get people more involved in the workings of organized medicine.

Anything MSMS can do to help will be considered. Right now we have telephone teleconferencing available for MSMS committee members who cannot make it to a meeting. We also are looking at what can be done in cyberspace on the MSMSNet.

The problem, however, is not just improving participation among members. It's the need to refocus allegiances to the medical profession as a whole. The medical profession is still represented by organized medicine, but Michigan is only one of a few states that is increasing its membership these days. At a recent MSMS Strategic Planning session attended by MSMS officers and staff, no one was comfortable resting on our laurels. The future of organized medicine, we agreed, depends on keeping MSMS the forum, the central meeting place, the neutral ground for *all* physicians in all forms of practice. We must continue to learn from each other, continue to discuss our disparate needs and our common goals. We must continue to cooperate, despite our varying outlooks. And we must keep our patients our focus.

Our patients need organized medicine to remain strong. Each of us needs organized medicine to remain strong. And we all need to help recruit and retain new members.

My ears are always open. If you have ideas for increasing participation, recruiting new members or initiating new programs, call me through Donna Brown at MSMS at 517-336-5735, or fax me at 517-337-2490 or e-mail me at bdwilson@msms.org. ■

Doctor Wilson is MSMS president.

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DECEMBER 1995
VOL. 94, NO. 12

Award-Winning
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DECEMBER 1995 VOLUME 94, NO. 12



26

COVER STORY

- 26 Immunizing Michigan's Children:** What went wrong and what can be done to improve Michigan's pitiful record? According to a recent report from the Centers for Disease Control, Michigan had the lowest immunization rate of all 50 states for 1994. Only 61 percent of Michigan two-year-olds are fully immunized while, nationally, 75 percent of children ages 19-35 months have shots up-to-date. In Detroit, the lowest ranked city in the nation, numbers were worse, with just half fully immunized by age two. Michigan's poor immunization rate and possible strategies for improving it are the subject of this month's cover story. Included are comments from some of the state's leading public health officials.

FEATURES

- 11 Capitation Contracts: Why take the risk?** There is no such thing as a simple acceptance of a capitation contract. There are at least four crucial considerations a physician should make before entering into such a contract. This article reviews those considerations and other pertinent issues. *By Dean G. Smith, PhD*
- 14 Establishing a Group Practice** This feature offers reasons why physicians should consider it. *By Thomas M. Wolff, JD*
- 16 Women in Medicine** An open letter to women members of MSMS from Janice L. Werbinski, MD, chair, MSMS Committee on Concerns of Women Physicians.
- 18 1995 MSMS Annual Scientific Meeting** Photo highlights of the November 2-4 meeting held at the Lansing Center, Lansing.
- 20 The Evolution of the Michigan AIDS Fund** This feature concludes a two-part series on the Michigan AIDS Fund. *By Ira Strumwasser, PhD, et al*
- 23 Michigan Doctors Political Action Committee Update**
- 24 MSMS Alliance News** Tis the season for giving. Choose to support Michigan's medical schools. By Linda C. Allen, AMA-ERF chair, MSMS Alliance
- 40 MSMS Committees address key issues** A complete guide to the Society's 54 committees and task forces.

DEPARTMENTS

- 8 Reimbursement Roundup**
34 County Medical Society News
36 Members on the Move
39 Surfing the Internet
- 51 Board of Medicine Actions**
54 New Members
56 Classifieds
64 President's Page

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By Louis R. Zako, MD



As a member of MSMS, you are aware of the incredible pace at which change is occurring in the health care environment. And you understand how important it is to stay current with these changes. Membership in our federation of medicine gives your voice, united with those of your fellow physicians, the clout necessary to effectively manage the many outside influences infringing on the practice of medicine.

The AMA, MSMS and your county medical society provide you with information, data and services to help you anticipate and control these influences. The best individual to recruit a member for organized medicine is another member of organized medicine. Although we communicate on a regular basis with our non-member colleagues, I believe personal contact by a member is by far the most effective way to express the importance, effectiveness and power of organized medicine.

That's why March is the kickoff of our 1995 membership campaign, "MSMS: Membership that Matters." The goal of the program is to continue to aggressively increase our membership. This will ensure

representation for all physicians in the state of Michigan at both state and national levels. Truly, MSMS is the voice of 12,000 Michigan physicians, and growing.

All physicians are encouraged to participate. Recruiters will not only be eli-

gible to win individual prizes, they will help their county compete for an award as well.

To participate as a "Membership that Matters" recruiter, please fill out the form below and fax it to MSMS, Attention: Deborah Zanno, Chief, Membership Development, at (517) 336-5763, or mail to P.O. Box 950, East Lansing, MI 48826-0950. For further information, Deborah Zanno may be reached by calling (517) 336-5763.

Yes, I will participate as a "Membership that Matters" recruiter.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

MSMS Reimbursement Roundup

By Joyce Nurenberg

MSMS REIMBURSEMENT OMBUDSMAN



BCBSM CARENplus Update

Blue Cross Blue Shield of Michigan's Professional Provider Inquiry Departments recently implemented a major CARENplus enhancement. Providers unable to receive benefit information by calling CARENplus are now transferred to a provider inquiry representative instead of being asked to leave a message. This will occur only when CARENplus is unable to provide any benefit information.

This enhancement allows providers to obtain eligibility and benefit information without delay. All questions will be answered through the BCBSM Provider Inquiry Information Center.

BCBSM Automated Message System Update (for providers in telephone area codes 313, 810, & 517)

Improvements were also made to the message retrieval system. The prior system involved a two step process: (1) the message retrieval area received a manually recorded message, then (2) delivered the message to a provider inquiry representative for handling.

With the new enhancements in place, provider inquiry representatives will be retrieving provider messages through an automated system instead of receiving the message manually. In addition, as of August 28, 1995, callers were given an Inquiry Transaction Number (ITN). The ITN number gives the provider a way to "follow-up" on their inquiry and enables us to track the call to ensure all callbacks are made. The new automated system and ITN procedure should reduce errors and improve call back time.

Provider Satisfaction Improvement Project Committee (PSIP)

Members of the Provider Satisfaction Improvement Project committee continue to work with field consultants and providers to identify and resolve problems. This committee was established by BCBSM in response to issues identified from various providers and provider organizations such as

the Michigan State Medical Society (MSMS) and the Michigan Association of Osteopathic Physicians and Surgeons (MAOPS). One of the more notable improvements includes the identification of duplicate claims that are submitted and processed with the non-payment code 097.

Future enhancements to CARENplus and PSIP accomplishments will be communicated in future issues of the *Record*.

Non-Payment code 097 means the claim was not paid because it is a duplicate of a previously submitted claim.

Previously...

When you submitted a claim that was a duplicate of a previously submitted claim, BCBSM assigned a NP097 code. Since this non-payment code did not appear on your check voucher or non-payment form, you were unable to track the claim to determine if and when payment was made unless you called BCBSM for a status.

Here's what BCBSM is doing now...

The Provider Satisfaction Improvement Project (PSIP) team, in its ongoing efforts to answer your concerns, has found a way to assist you in identifying these duplicate claims. Duplicate claims will now be reported on your check voucher or non-payment form and will include, from the original claim, the check number, check date, payment amount and whether the payment was applied to the subscriber's deductible. BCBSM also will tell you if the provider shown on the duplicate claim is the same or different from the provider shown on the original claim.

Here's how this enhancement will help you...

- Reduce time spent in tracking claims
- Improve monitoring of cash flow
- Improve record keeping

Have Reimbursement Questions?

MSMS Can Help You

MSMS Reimbursement Ombudsman Joyce Nurenberg stands ready to assist you with your reimbursement questions. Just call 517-336-5722.

For example...

Here's how a duplicate claim message, with the payment information, will look on your check voucher and non-payment form.

Check Voucher**Non-Payment Form**

Use the table below to assist you in determining the provider of the duplicate and original claim.

If the provider message is...**Services were provided by...****Payment/Rejection Status is...**

OS/PROV	Out-of-state provider.	Payment or rejection may have been made to an out-of-state provider or to the subscriber.
SAME	In-state or out-of-state provider. Provider shown on duplicate claim is same as provider on original claim.	Payment or rejection was made to the provider shown on the original claim.
DIFF PROV	In-state or out-of-state provider. Provider shown on duplicate claim is different from provider on original claim.	Payment or rejection may have been made to the provider shown on the original claim or to the subscriber. Note: If you have multiple pin numbers, be sure to check each pin number for payment of the original claim.
NP700	In-state or out-of-state provider.	Approved amount applied to the subscriber's deductible.

Note: There may be time NP097 will be reported without a message or claim information. Review your check vouchers and non-payment forms first. If you're still unable to identify a duplicate claim, call your provider inquiry representative for assistance. ■

The following is a half-day continuing medical education program sponsored by Blue Cross Blue Shield of Michigan and presented by Wayne State University School of Medicine.



"Lung Cancer Symposium"

Saturday, January 13, 1996



Wayne State University

Location

Blue Cross Blue Shield of Michigan
Metro Service Center – Auditorium
27000 W. Eleven Mile Road
Southfield, MI

Registration

Ms. Dolores Devyak
(313) 225-0163

Deadline for Registration

January 5, 1996

Fees

Pre-registration required. Participating Blue Cross Blue Shield physicians—No fee. Non-Participating Blue Cross Blue Shield physicians—\$15.00 by check payable to Blue Cross Blue Shield of Michigan – CME.

Purpose and Intended Audience

These presentations are sponsored by Blue Cross Blue Shield of Michigan and are designed to provide review and update of selected medical topics. This conference is intended to educate physicians on the current status of the prevention, diagnosis and therapy of lung cancer. The presentations are directed to enhance the knowledge base of the participants and update them on the latest developments in quality care for this population.

Credit Hours

Blue Cross Blue Shield of Michigan, an organization accredited by the MSMS Committee on CME Accreditation, certifies that this activity meets the criteria for a maximum of four (4) credit hours in Category I toward the Physician's Recognition Award of the AMA provided it is completed as designed.

AOA 1-A Credit sponsored by Pontiac Osteopathic Hospital.

Objectives of the Symposium

At the conclusion of the program, the participants should be able to:

- Review the etiology, epidemiology, pathology and the natural course of pulmonary neoplasms.
- Discuss prevention, diagnosis and management.
- Describe the latest therapeutic approaches to cancer of the lung and outcomes.

CME Program Director

John J. Siller, M.D.
Associate Medical Director – Education
Blue Cross Blue Shield of Michigan

Program Director and Moderator

Manuel Valdivieso, M.D.
Professor and Director
Division of Hematology and Oncology

Program Agenda

7:15 AM	Continental Breakfast
8:00 AM	Welcome and Introduction John J. Siller, M.D.
	Moderator Manuel Valdivieso, M.D.
8:10 AM	Epidemiology, Pathology, Diagnosis of Lung Cancer Antoinette Wozniak, M.D.
8:40 AM	Surgical Management Zwi Steiger, M.D.
9:15 AM	Radiotherapy of Lung Cancer Laurie Gaspar, M.D.
9:50 AM	Chemotherapy of Lung Cancer Michael Kraut, M.D.
10:25 AM	Break
10:45 AM	Combined Modality Therapy of Lung Cancer Manuel Valdivieso, M.D.
11:20 AM	Research and Future Prospects Gregory Kalemkerian, M.D.
11:55 AM	Open Panel/Discussion
12:30 PM	Adjourn

The views and opinions expressed by the speakers or panelists do not necessarily reflect those of BCBSM or current BCBSM medical policy.

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Capitation contracts: Why take the risk?

By Dean G. Smith, PhD

*There is no such thing
as a simple acceptance of
a capitation contract.

There are at least four
crucial considerations a
physician should make
before entering into such
a contract. This article
reviews those consider-
ations and other perti-
nent issues.*

Some physicians may welcome capitation if they have the ability to control resources and therefore profit from risk handling. Others may not have risk handling expertise, but they wish to develop the ability to control resources and believe that the introduction of risk is an appropriate mechanism to do so, as a substitute for, or as a complement to, continuing education. Still other providers accept capitation because they have no choice with government contracts (e.g. Medicaid).

For most providers, acceptance of capitation is associated with an opportunity to gain or preserve market share by using the ability to accept risk as a competitive advantage, or as a learning tool to prepare for a time when capitation contracts become required rather than optional.

If accepting risk (capitation or otherwise) is a possibility, an organization must think about how much risk it is willing and able to bear. The tools of managing risk generally employed in connection with medical liability risk management are directly applicable to managed care. A general risk management model includes four elements: identification, measurement, decision, and management.

Identify the risks

In the context of managed care risks, identification involves defining what financial aspects of practice are at risk. Is the risk only for practice time, or does it include responsibility for other providers as well? Identification also includes answering the above question of why capitation contracts are being considered. Is there an educational component to the decision to accept risk, is there a market share expansion opportunity that is being exploited, or is acceptance a requirement to retain current market share?

Continued on next page

Measure risks

Measurement involves examining the risk contract, one's practice, and developing likely scenarios of what use rates and incomes will result from acceptance or rejection of the contract. Simple application of current practice statistics to the terms of capitation contracts frequently results in the conclusion that income will be lower under capitation. However, two considerations must be included in alternative scenarios. First, what practice volume will exist with acceptance or rejection of a capitation contract? While acceptance may not yield large market share increases in the short-run, rejection may result in market share decreases in the long-run. Second, what practice pattern changes will occur with acceptance of a capitation contract?

Estimating one's ability to control hospital admissions and the costs of referrals is among the more difficult aspects of measuring capitation contract risk.

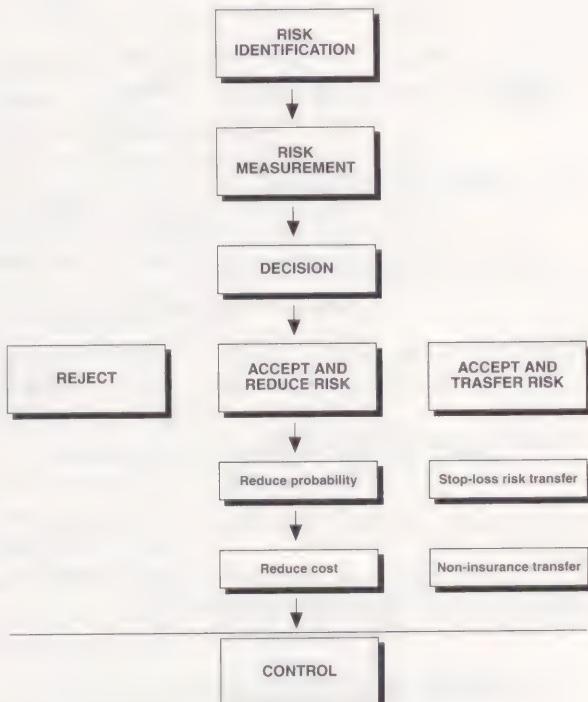
Make decisions

Decision-making is always required. The default decision is to not seek or reject a capitation contract. An informed, pro-active decision involves examination of the risks identified and measured, and evaluating whether the ranges of likely outcomes are acceptable, or tolerable given one's financial status and market pressures. Of course, there is no such thing as a simple acceptance of a capitation contract. The decision of acceptance also involves decisions about how to manage the risk. Once accepted, the risks can be minimized by employing loss management techniques. Loss management can involve lowering the probability of events or lowering the cost of effects that occur. Risks can also be reduced through use of appropriate levels of stop-loss coverage, by having other providers share in risk pools, or by limiting the services that are covered by the capitation. Many times rejection of capitation contracts is not on the basis of the basic contract, but on the basis of unacceptable incentive and control structures around the contract. Such structures are rapidly evolving, meaning that decisions must be frequently reevaluated.

Implement a program of control

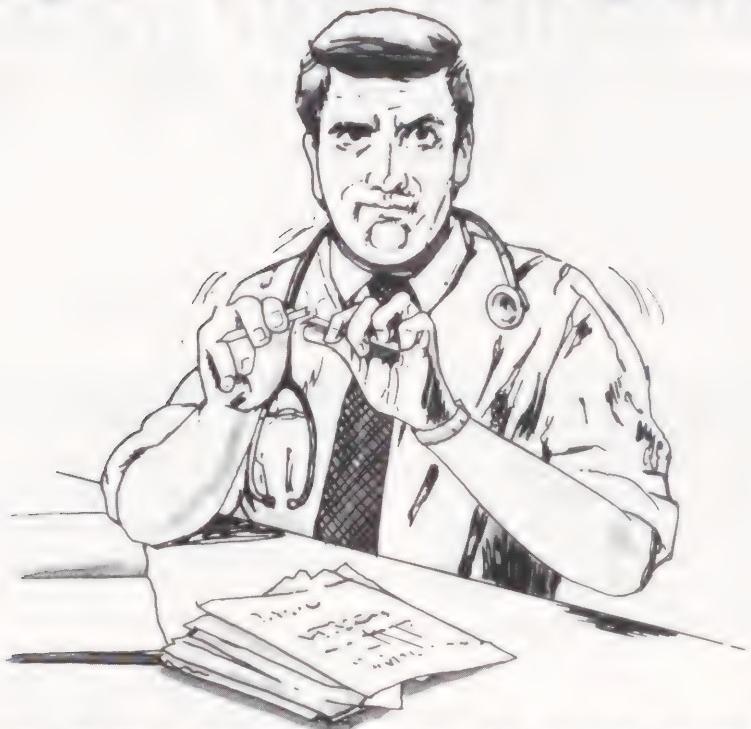
Finally, management of an accepted or rejected contract involves implementing a program of control. Controlling a risk contract requires monitoring information, evaluating results and managing contract terms to assure appropriate fulfillment of everyone's role in the contract. Management of a

capitation contract requires much more information and analysis than a fee-for-service contract. Under fee-for-service, all that is required is a multiplication of services by fees and a comparison with billing and collections. Under capitation, information may be needed on the entire ranges of services covered by a health plan. Analyses must then be conducted to determine total service use under each risk pool, with estimates of incurred but not reported (IBNR) claims. Further, analyses of one's practice patterns and comparison against guidelines or norms is required to determine whether practice potential has been reached. Of course, competent HMO staff are relied upon to collect most of the required information to conduct most analyses. Participating physicians should be familiar with the process and assert some level of control by maintaining at least an oversight role. ■



Doctor Smith is an associate professor, Department of Health Services, Management & Policy, University of Michigan School of Public Health.

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Establishing a group practice: *Here are some reasons why you should consider it*

By Thomas M. Wolff, JD

A major trend in health care delivery is consolidation. Employers are forming coalitions to increase their purchasing power; hospitals are merging to decrease costs and become more efficient; and health plans are merging to become more competitive. Many factors also are combining to encourage physicians to establish group practices. These factors include the following:

Managed care

Solo practitioners typically lack the economic leverage and expertise to negotiate favorable managed care contracts with increasingly large and powerful third party payers and business coalitions. A group practice can provide physicians with the market power and contracting sophistication to deal more favorably with HMOs, insurance companies and employers.

The growth of capitation is another factor causing physicians to establish group practices. It is sounder actuarially to manage capitated risk in physician groups because as the number of covered lives increases, the risk associated with capitation decreases.

The high cost of management information systems is yet another factor. "Management information systems, which are essential to effectively manage care, favor the formation of large physician groups," says Daniel E. McDonnell, MD, president, Burns Clinic Medical Center, Petoskey.

Reduced administrative burden

Another component in the growth of physician groups is the "hassle factor" involved in trying to run a medical practice in the 1990s. With complex state and federal regulations, a myriad of insurance company requirements, and the burden of buying new equipment and hiring and firing employees, physicians in solo practice are devoting more and more time to running the business end of their practices. Joining a group can help physicians reduce their administrative responsibilities and free more time to practice medicine.

Competition from hospitals

Many hospitals in Michigan are aggressively hiring physicians, thereby attempting to create large, hospital-dominated networks. Physicians in solo practice are finding it increasingly difficult to compete with these networks. Forming a group practice may enable physicians to compete more effectively with these entities.

Reduced overhead costs

Group practices can lower their overhead costs by getting volume discounts for office supplies, malpractice insurance and other products and services. Groups may also reduce their staff and office rental costs if they consolidate office space. Studies have shown that overhead expenses do decrease as the size of a group practice increases.

Self referral prohibitions

Ancillary services can be a major revenue generator for physicians. However, the Stark laws prohibit physicians who have a financial relationship with an entity from referring Medicare or Medicaid patients to the entity. The Stark laws do, however, contain an exception for ancillary services furnished by another physician in the same group practice if certain conditions are met.

Antitrust laws

The antitrust laws provide much more leeway to group practices than to independent physician networks (independent practice associations). That is because the antitrust laws treat a group practice, regardless of how large, as a single economic unit. As a result, a group practice may establish a common fee schedule for all of its physicians and may decide not to participate with a particular health plan. The ability of independent physician networks to establish a common fee schedule and to decide not to participate with a particular health plan is much more limited because antitrust authorities view these entities as groups of competitors working together. Unless the physicians that participate in the network share "substantial financial risk" (e.g. capitation or significant fee withhold), the agencies may view the network as raising significant antitrust concerns.

Quality of life

Working in a group practice setting can provide several additional benefits, including having colleagues to consult with, to share on-call responsibilities with and to provide emotional support. Physician groups also typically offer more predictable hours and more vacation time than does solo practice. "The quality of life benefits of practicing in a group are particularly attractive to young physicians who want to balance their career and family responsibilities," says Dennis Ramus, MD, of Bay Area Family Physicians, New Baltimore.

For the above reasons, Fred E. Patterson, MD, chair of the MSMS Physician Organizations Committee, believes that "physician groups will likely be the basic unit for medical practice in the future." Physicians in states like Wisconsin have already established many large groups. In fact, the 13 largest physician groups in Wisconsin include approximately 40 percent of the state's physicians. Several of these groups have more than 200 physicians. In contrast, nearly 40 percent of Michigan physicians are still in solo practice and less than 10 percent

are in groups of larger than 10 physicians.

Over the past few years, however, many Michigan physicians have joined independent physician networks, several of which have been formed with the assistance of the MSMS Physician Organization and Management Services group. These networks are often viewed by physicians as the first step in establishing a large group practice. Other physicians are forming group practices without first creating an independent physician network.

Some disadvantages

It must be noted that joining a group practice may have some disadvantages. Most importantly, physicians lose the autonomy that many greatly value. In addition, becoming a member of a group may mean practicing in a larger, less personal office. However, with the prevalence of e-mail, voice mail and fax machines, physicians may be able to join a group practice and still remain in their own office.

In order to succeed in a group, physicians must develop new skills, including the ability to work as a member of a team. Collegiality, cooperation and civility will be highly valued. Group practices that develop a common vision and a true group mentality are most likely to be successful. ■

Thomas Wolff is chief of PO/PHO development and legal affairs for MSMS.

MSMS to form Advisory Committee on Group Practice Physicians

MSMS is creating a new committee called the Advisory Committee on Group Practice Physicians to assist physicians in developing group practices and to address the unique concerns of physicians in group practice settings. If you are interested in becoming a member of this committee, contact Tom Wolff at MSMS at 517/336-5740.

Open Letter to the Women Members of MSMS

Since I was appointed chair of the Committee on Concerns of Women Physicians at MSMS, I have been impressed with the attention from the Board toward our committee. I have been an active member of this committee for five years, and before that I attended quite a few of the excellent educational programs sponsored by the committee. I have found the committee to be a venue to share like aspirations, frustrations, and information concerning women physicians' issues. We now have a special section in the MSMS membership directory listing names and specialties of women members.

As chair for 1995-96, I would like to solidify and expand the committee's goals, and begin to reach women physicians in areas other than education and moral support. I have recently noted a growing number of women physicians in the "New Members" section of *Michigan Medicine*. I also have seen an increase of women delegates to the MSMS House of Delegates. In fact, last year one of our female members ran for the presidency of MSMS.

At the 1995 House of Delegates meeting, the House passed a resolution which I had introduced in 1994, creating a new dues category for part-time physicians. In this new category, a physician who works 20 hours or less per week may pay only half the usual dues. Even though I am working full-time, I introduced this proposal on behalf of the many women physicians with whom I have communicated who tell me that if they work part-time due to family constraints or other reasons, they are usually denied the benefits that full-time physicians enjoy, including coverage of educational and dues expenses.

I would like to include with this letter a list of goals and objectives listed by the Advisory Panel on Women Physician Issues at the AMA (formerly the Women in Medicine Committee). I would ask all women physicians in Michigan, MSMS members, the Committee on Concerns of Women Physicians members, and non-members as well to read these goals and objectives and send comments and critiques to me as to which objectives (and you may add others not included) you would like to see your Committee establish as our own.

I look forward to hearing from you, as I would like to make this year one of increasing MSMS commitment to women physicians.

Sincerely,

Janice L. Werbinski, MD, FACOG
Medical Director, Center for Women's Health
Bronson Methodist Hospital
150 East Crosstown Parkway
Kalamazoo, MI 49001

AMA Advisory Panel on Women Physician Issues Goals and Objectives

The American Medical Association Advisory Panel on Women Physician Issues serves in an advisory and advocacy capacity for women in medicine in the AMA, the Federation and the profession. Its purpose is to:

Identify and address ongoing and emerging issues of particular concern to women physicians and women medical students, including women's health issues; to recommend policies, develop programs, and provide advice and counsel to the AMA Board of Trustees, Councils and staff on matters of importance to women in medicine; and to promote the greater involvement of women in the membership and leadership of organized medicine.

Women represent 19 percent of the physician population and over 40 percent of medical students. As women in medicine have gained in numbers and influence, the scope of the Panel has also expanded to include the following key objectives:

1. Foster growth in the numbers and influence of women in organized medicine in reflection of their increased numbers and impact on the medical profession.

2. Facilitate women's entry and advancement in the leadership of organized medicine and throughout the profession including research and teaching, health care administration and management, hospital medical staff leadership, and group practice.

3. Provide a forum for identifying, addressing, and educating the profession about key issues of concern to women in medicine, in particular:

- childbearing/rearing issues in training and practice;
- gender-related organizational leadership barriers; and
- gender-bias in the profession, including economic discrimination, sexual harassment, and other gender-based inequities.

4. Serve as an advocate on women in medicine issues, work with AMA councils, members and staff involved in the development of related legislation, health care system reform proposals, scientific and public health policy, medical education initiatives, and ethical policies.

5. Serve as a patient advocate on women's health issues and act to eliminate gender disparities in medical research, diagnosis and treatment.

6. Analyze and prepare the profession for the implications of a changing physician practice profile and the effect on the delivery of medical care as more women enter the profession.

As a result, there has been an increased AMA policy emphasis on addressing women in medicine issues; expanded liaison with other women physician organizations and groups; and a growing leadership presence of women in the AMA and the Federation. Female representation in the House of Delegates has doubled in the past five years. Women now serve on the AMA Board, Councils, and Sections and as local, state and specialty society leaders. And women represent the fast growing AMA membership segment.

A few activities of the Panel include the September Women in Medicine Month recognition and recruitment campaign; the ongoing analysis of trend data; and the development and distribution of publications such as the *Women in Medicine Data Source*, *Women in Medicine in America: In the Mainstream*, and *The Residency Interview*. The Panel also focuses on direct activities to increase leadership opportunities and training for women AMA members such as the leadership development seminars, maintenance of the Leader Data Bank, and the ongoing Panel nominations for Residency Review and other medical education committees.

The Panel's recent focus has been on two exciting new projects, the "Physicians of Tomorrow Mentoring Program," a partnership program with the Girl Scouts of the USA, and the "Women Physician Leaders Summit." Initiated in September 1994, the Summit successfully brought together women representatives from a broad range of national women physician groups and medical specialty societies to develop a consensus issues agenda for women in medicine.

For more information from the AMA, contact: Phyllis Kopriva, AMA Women and Minority Services, 312/464-4392.

CORRECTION

In the October Michigan Medicine feature on women in medicine, Tama D. Abel, MD, was erroneously identified as the chair of the MSMS Committee on Concerns of Women Physicians. Janice L. Werbinski, MD, of Kalamazoo, is the chair. We apologize for this error.

MSMS Annual Scientific Meeting offers traditional, nontraditional studies

More than 550 doctors took part in this year's MSMS Annual Scientific Meeting held November 2-4 in Lansing. Course offerings ranged from computerized medical records to alternative medicine. A total of 28 courses were offered during the three-day event. Following are photo highlights of the meeting.



Glenn S. Rothfield, MD, (at podium) of the Department of Family Medicine at Tufts University School of Medicine in Massachusetts, discussed the pharmacology of herbs in a new session titled, "Alternative Medicine." The course, which drew 75 physicians, was added for the first time to the regular topic menu which included such things as the treatment of cardiovascular disease and updates in clinical radiology.



Senator John "Joe" Schwarz, MD (R-Battle Creek), provided an overview of health legislative issues during an "Early Bird" legislative breakfast reception held Thursday morning. The reception was held just prior to the half-day "1995 Constituent Skills Workshop for Physicians," the purpose of which was to teach physicians how to be effective communicators within the political arena.



"Putting the Power of the Internet to Work in Your Medical Practice" was discussed in-depth at a session Saturday morning. Course Co-Director David R. Rovner, MD, (at podium), also spoke at the course which discussed both the clinical and non-clinical applications of the World Wide Web. At right is Bill DeCourcy, MSMSNet coordinator.



In between courses, physicians attending the Annual Scientific Meeting had the opportunity to visit the exhibit hall and learn about the latest offerings from 75 companies.

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Reservations are on a first come-first served basis. Air travel and hotel arrangements are provided by Richard Campau through Travel Charter International.

The CME program will feature 20 hours of Category 1 videos on primary care from the Duke University School of Medicine. Attendees may complete and submit a self-assessment examination to Duke University for Category 1 credit. The registration fee for those attending the four five-hour meetings (Monday through Thursday) is \$150.

The Internal Revenue Service has designated Barbados as signing both the Caribbean Basin Initiative and the Tax Information Exchange Agreement that allows the same corporate and individual tax deductability as for meetings held in any of the 50 states, the U.S. Virgin Islands or Puerto Rico.



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The Evolution of the Michigan AIDS Fund

By Ira Strumwasser, PhD

Editor's Note: This is the second part of a two-part article on the Michigan AIDS Fund. The first part, which discussed the creation of the Fund, appeared in the November issue of Michigan Medicine.

Not long after the Council of Michigan Foundations (CMF) created the Michigan AIDS Fund, did it become apparent that the Fund was destined to take on a life of its own. Growth in both the size and scope of the Fund necessitated its separation from CMF, but how was that to occur? The AIDS Fund collaboration was an important service to CMF members and to the community. The CMF trustees wanted to continue to support the AIDS Fund. The question became how best to organize the Fund to maximize its effectiveness while at the same time preserving the mission of the Council.

It was agreed that the AIDS Fund would be reorganized as a supporting organization to CMF. One advantage of supporting organization status is that the organization need not satisfy a public support test to qualify as a public charity.

In November 1993, the Michigan AIDS Fund was granted section 501(c)(3) tax-exempt status. The AIDS Fund thus achieved an increased measure of autonomy, but — by mutual agreement — CMF continues to oversee AIDS Fund activities and appoints the Fund's Board of Directors annually. Three members of the CMF Board also were appointed to the AIDS Fund Board of Directors.

Purpose and mission

The purpose of the Michigan AIDS Fund is to reduce the spread of HIV/AIDS and to alleviate suffering associated with the AIDS epidemic in Michigan. The independent supporting status enhances the long-term stability of the Fund while contributing to its ability to:

- 1) Serve grassroots, volunteer, community-based organizations and projects concerned with AIDS in Michigan;

- 2) Develop a diverse base of funding partners;
- 3) Make productive grants through an efficient grantmaking process;
- 4) Achieve organizational stability and reliability;
- 5) Offer the possibility of a national model for statewide, collaborative AIDS funding; and
- 6) Help build the capacity of AIDS-related organizations to respond to the AIDS epidemic with program support, services and technical assistance.

A wide range of grant recipients

Most organizations receiving Michigan AIDS Fund grants provide direct care or prevention and education services to local communities. Service projects include those for direct care, HIV/AIDS prevention, housing, community planning, legal services and HIV counseling and testing.

Besides direct grant support, the AIDS Fund provides technical assistance to organizations that help people and families with AIDS. The Board hires consultants and also offers its personal expertise to assist community organizations. Fund trustees help organizations develop grant proposals for submission to local and national funders. Board members also help develop strategic planning and fundraising plans. Trustees also work with organizations developing an assessment of organizational strengths.

- The Michigan AIDS Fund also fills these roles:
- 1) *Conference sponsor* — The Michigan AIDS Fund sponsors an annual statewide AIDS conference. The annual conference gives volunteer and other organizations opportunities to network, encouraging collaboration and partnerships among organizations.
 - 2) *Public policy advocate* — Within the limits allowed by law, the Michigan AIDS Fund supports the de-

velopment of sound, non-partisan public policy based on reliable research; the Fund also supports projects aimed at assuring housing and disability rights and advocacy for people with AIDS.

- 3) The Michigan AIDS Fund is currently in its fourth year as an *associate partner* of the *National AIDS Fund* (NAF). Beginning in 1996, the AIDS Fund will become a senior partner of NAF (formerly the National Community AIDS Partnership). Over the past four years, NAF provided the AIDS Fund an annual \$75,000 in challenge

AIDS and Adolescents

Today, every hour, a person dies of AIDS in the United States. Each hour six new infections occur. One of every four new infections strikes a sexually active teenager. The Michigan AIDS Fund is working to spread the word that AIDS is endangering our children. The Fund is acting to encourage the development of linkages with youth and teen groups to encourage HIV education and prevention projects.

grants. Besides the annual contribution for grantmaking, NAF contributes \$25,000 for administrative purposes. As a senior partner, the AIDS Fund will serve as a mentor to other foundations and philanthropic organizations interested in developing similar responses to the AIDS epidemic. Thus, the AIDS Fund has begun to fulfill another of its aspirations: to encourage other philanthropic organizations in the nation to form collaborations in their respective states in response to the AIDS epidemic.

All grantmaking, board and committee work of the Fund are performed on a volunteer and non-compensated basis by members of the AIDS Fund's Board of Directors. The AIDS Fund also hires a consulting firm and recently named its first executive director to assist in administrative matters, including provision of technical assistance, fundraising and program work for the annual conference.

A pivotal role

The Michigan AIDS Fund appears to be a powerful and important philanthropic response to AIDS in Michigan. The Fund has raised \$3.4 million to

Continued on next page



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Continued from previous page

date and with the dollars it grants has attempted to bring a heightened public awareness to the devastating effects of the epidemic. Grants to AIDS-related organizations help to encourage strategic projects — and with the expansion of the projects a productive network of collaboration both within and outside the philanthropic community.

A good beginning

A bridge has been built. A bridge inhabited on one shore by HIV-positive individuals, their families and loved ones. The bridge extends to the opposite shore inhabited by philanthropic boardrooms, trustees and staff. This bridge forms a partnership designed to combat the devastating effects of a deadly virus. The projects the Fund supports attempts to save lives through prevention. The annual conferences have brought together a wide spectrum of organizations with a common purpose. The Fund has attempted to disseminate successful models and interventions that have been replicated elsewhere in Michigan and nationally. ■

Ira Strumwasser, PhD, is executive director, Blue Cross Blue Shield of Michigan Foundation (formerly the Michigan Health Care Education and Research Foundation).

Members of the Michigan AIDS Fund, all of whom contributed to this article, include: Glenn F. Kossick, executive director, Metro Health Foundation; Jeanette Mansour, program officer, C.S. Mott Foundation; Thomas A. Bruce, MD, and Henrie Treadwell, PhD, program officers, Kellogg Foundation; Earl Schipper, executive director, Michigan AIDS Fund; Dorothy A. Johnson, president, Council of Michigan Foundations; Barbara J. Getz, program officer, The Kresge Foundation; Mark Miller, deputy director; Michigan Department of Mental Health; Robert Collier, executive director, Rotary Charities of Traverse City; Frederick W. Bryant, MD, Michigan State Medical Society Foundation; Leonard Smith, president, Skillman Foundation; Dexter Wayne Shurney, MD, Blue Cross Blue Shield of Michigan; Michael Boucree, MD, Wellness Networks, Flint; Carolee Dodge-Francis, Dickinson-Iron District Health Department; Jay Kaplan, Esq., Michigan Protection & Advocacy Services; Duane Tarnacki, Esq., partner, Clark, Klein & Beaumont; and Mary Fisher, president, Family AIDS Network.



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MDPAC—A Look at 1995

By Krishna K. Sawhney, MD, Chair, MDPAC

The Michigan Doctors' Political Action Committee (MDPAC) has had a very successful year. Membership has dramatically risen and grassroots activities have taken us to many areas of the state in an effort to continue building physician-legislator relationships. As MDPAC begins the 1996 election year, it is well-positioned to help make a positive impact on next year's elections.

MDPAC membership is at 95% of the 1995 MDPAC/AMPAC goal. This percentage puts Michigan in the top 10 of the 50 states represented by AMPAC. A comparison with previous years shows MDPAC to be ahead of both 1993 and 1994 in terms of participation. Nearly 1,200 members have demonstrated their support of our efforts, and we are greatly appreciative of that support. We look forward to continuing this momentum in 1996, as our success directly impacts the success of our issues in the Legislature.

MDPAC is also very actively involved in the 1996 Michigan Supreme Court races. Two seats on the Court will be up for election, effectively dictating the direction of the court for several years. Support will be offered by the PAC for two efforts which are in place to generate interest in these races: the Alliance for Judicial Accountability (AJA) and Justice for Michigan Citizens (JFMC). AJA is a non-advo-

cacy, educational coalition to keep members informed about the candidates and their judicial backgrounds. JFMC is an independent political action committee organized by the Michigan Chamber of Commerce, which MDPAC is supporting this year and in 1996. JFMC will publicly advocate for two candidates and help to raise money for their campaigns.

And, as we have done in past years, we will be working our grassroots network in anticipation of the 1996 elections. The Michigan House of Representatives will be up for re-election, with several open seats and seats which are too close to call. Candidate interviews will be held in the majority of House districts statewide. Fund-Raisers for friends of medicine will be organized to help with raising money, and volunteer assistance will be provided to campaigns in important districts. MDPAC excels in its activism at the local level, but we will continue to build upon our programs next year to be even better.

If you have questions regarding MDPAC or the Michigan Supreme Court Races, please contact Donna Welch LaGosh at 517-336-5788.

Thank you very much for your support in 1995. We look forward to working with you in 1996. ■

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Alliance News

It's the season for giving — *Support Michigan's medical schools*

By Linda C. Allen



As the holiday season — and the end of the tax year — approach us, our thoughts naturally turn to supporting charitable organizations. MSMS Alliance members encourage you to consider a donation to your favorite medical school through the American Medical Association Education and Research Foundation (AMA-ERF).

The AMA ERF has been in existence in one form or another since the 1950s. From its modest beginnings, AMA-ERF has consistently supported quality medical education in the United States. The track record is impressive: \$63 million contributed to the nation's medical schools in 40 years, nearly \$10 million in the last five years alone. Contributions average \$2 million yearly, a visible sign of the physician community's continuing commitment to excellence.

The success of Medical Alliance/Auxiliary fundraising hinges on two important features which make AMA-ERF unique: 100 percent of contributions are given to medical schools (nothing is deducted for administrative costs), and the contributor decides which medical school will receive the contribution. Contributors may choose how they want their contributions to be used — to support school programs or medical students. As a bonus, because AMA-ERF is a non-profit organization, all contributions are tax deductible.

The oldest and largest of the AMA-ERF funds, the Medical School Excellence Fund, has provided \$47 million to medical schools since 1957. In 1994, this

fund received nearly \$500,000 in contributions. Contributions to the Medical School Excellence Fund provide grants to medical schools to use where the schools need them most — special student programs, research projects, guest lectures, attendance at conferences and meetings, new equipment, books and other publications, and building improvements.

The Medical Student Assistance Fund, begun in 1983, provides funds for student loans, grants and scholarships. In 1994, this fund received more than \$1 million.

In addition, the AMA-ERF Development Fund supports pilot and experimental programs in health and medicine, and the Categorical Fund supports specific research areas.

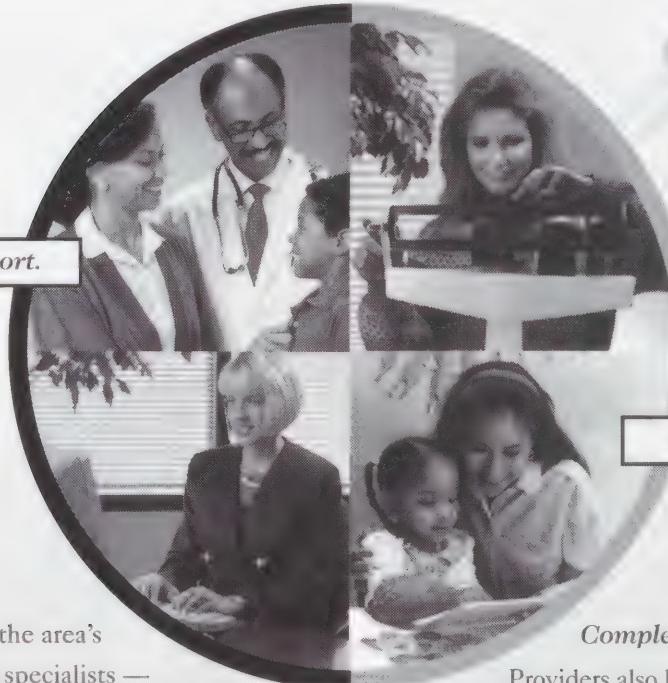
During the May 1995 annual meeting of the MSMS Alliance, AMA-ERF distributed funds to Michigan medical schools as follows:

Michigan State University	\$5,698.96
Wayne State University	\$17,446.97
University of Michigan	\$17,920.66

For information on how to contribute to AMA-ERF, please address your correspondence to me as follows: Linda C. Allen, AMA-ERF chair, MSMS Alliance, 2006 Springwood Dr., Midland, MI 48640. If you prefer, you may call me at (517) 835-9809.

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Immunizing Michigan's Children:



What went wrong and what can be done to improve Michigan's pitiful record?

By Karen Bouffard

"New National Survey: MICHIGAN HAS LOWEST IMMUNIZATION RATE OF ALL 50 STATES FOR 1994." This headline, which appeared in bold letters, was the lead story in the August 25, 1995 edition of *The New York Times*. In the days following, news media around the state highlighted results of the federal Centers for Disease Control report that found only 61 percent of Michigan two-year-olds fully immunized, while nationally 75 percent of children ages 19-35 months have shots up-to-date. In Detroit, the lowest ranked city in the nation, numbers were worse, with just half fully immunized by age two. *The Ann Arbor News* called Michigan's record "pitiful," stating, "Our children are too valuable for Michigan to rank last in immunization." *The Detroit Free Press* called the CDC results "a source of shame." Noting substantial increases in Michigan's vaccination rate the past four years, editorial writers added, "But last is still last."



According to Ruth Ann Dunn, MD, MPH, chief of the immunization section of the Michigan Department of Public Health, MDPH officials have been aware of Michigan's low immunization rates for young children since at least 1994, when the Department surveyed records of school entrants to see what their immunization status had been in 1992. "We'd been beating the drum for one year," she says. "CDC data and the fact that it was announced nationally and picked up by the media has done a lot more than we could to get people's attention."

Doctor Dunn, in part, blames low immunization rates on missed opportunities, false contraindications, lack of up-to-date information and fear of liability.

"The average two-year-old has been to the doctor 10 times, so there are plenty of opportunities," Dunn says. "We've got docs out there that were trained 20 years ago, and don't give all the shots that are recommended. Some say 'No immunizations on sick visits, you have to come back for a well visit' — there's a laundry list of invalid contraindications. Or 'Only two shots per visit' — an arbitrary and invalid prohibition. This is a problem over and over.

"Many doctors are still afraid of liability, relating back to the 1980's when pertussis was getting sued," she adds. "The National Vaccine Injury Compensation Program (see sidebar for more information on the program) has been in place since 1988. Doctors can now be sued for *not immunizing*."

Doug Mack, MD, MPH, chair, MSMS Liaison Committee with the Michigan Department of Public Health, and public health director and chief medical examiner for Kent County Health Department in Grand Rapids, notes that many children begin the immunization schedule but don't complete it. "This is what the survey showed us — there was certain compliance with some of the vaccines, but not the full compliment."

Doctor Mack also cites parental complacency and public misinformation. Recent media reports about patients who contracted polio from the Sabin vaccine prompted some parents to withdraw immunizations from their children, he says. "People are not oriented to the time when polio was a real problem. (Contracting polio from the Sabin vaccine) is a one in a million chance. We take more of a chance than that eating in a restaurant."



Ruth Ann Dunn, MD,
MPH

"The media might not be aware of the impact of negative publicity. Docs have to work hard to regain the confidence of families."

Howard Weinblatt, MD, an MSMS member who serves on the Governor's Immunization Advisory Council, says mistrust leads some parents to be wary of immunizations. "They don't trust the courts, police or the government. They don't view us as being a whole bunch of great people. They think rich people want to make money at their expense. To them, immunizations are painful, and maybe even harmful."

Why Michigan?

According to Doctor Dunn, Connecticut, Hawaii and Vermont, states with the highest immunization rates among 19-to-35-month-olds, have universal vaccine distribution. "In Vermont, kids are served in the private sector almost exclusively. That state has a commitment to get vaccine to every doc." Conversely, Doctor Dunn adds, in Mississippi, which has an 83 percent immunization rate, 80 percent are served in the public sector.

Michigan's vaccine is distributed and funded through a mish-mash of public and private sources, making immunizations harder to track. Doctor Dunn calls this her "stranded motorist" analogy: "We have the blessing of strong public and private access," she says. "If you're stranded on the side of the road on a busy highway — nobody stops. Everybody thinks someone else is doing it."

According to Doctor Weinblatt, Michigan's insurance structure, major employers and unions share responsibility for the state's immunization rates.

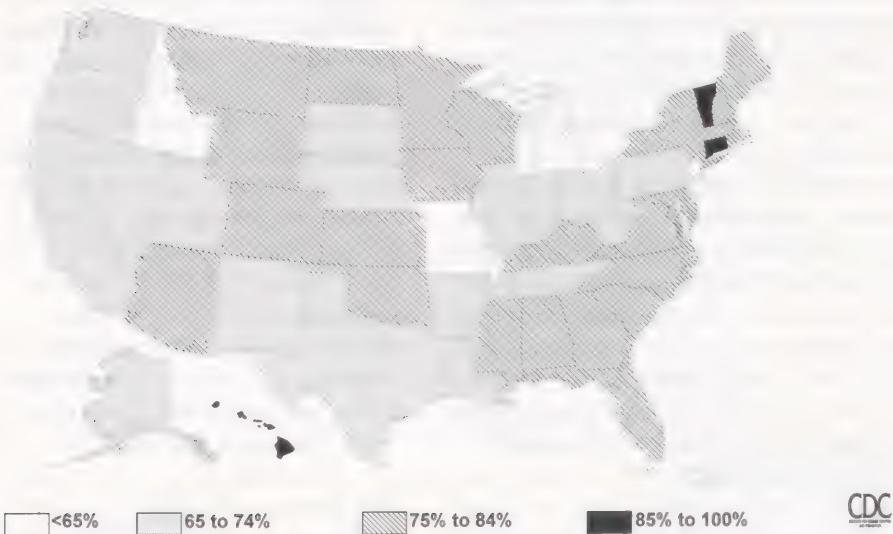
"Michigan is about evenly split between public and private sector insurance," he says. "Blue Cross Blue Shield, the auto companies and the UAW have failed to place a high priority on immunizations. The UAW's indemnity contract doesn't even cover HIB because it's too new. Ford's new salaried workers' insurance only covers immunizations to age nine. Major insurers and major providers are not making it a high priority. Capitated physicians, Medicaid physicians, have no incentive -- so they send kids to the health department."

According to David Johnson, MD, MPH, acting medical director of MDPH, Michigan's focus since 1978 has been on the state's 280,000 school enterers.



Doug Mack, MD, MPH

**National Immunization Survey, Immunization Coverage for 4 DPT, 3 OPV,
and 1 MMR, Among Children 19-35 Months, by State,
United States, April-December 1994**



"This has been a great number of children to have a comprehensive assessment on twice per year," he says. "We now have vaccination rates at 95 percent for school enterers."

Tracking the pre-school population presents special problems, Johnson adds. "We have 700,000 preschoolers in school from birth through kindergarten. Prior to kindergarten we look at those who attend licensed day care centers. One hundred forty thousand of 700,000 are in licensed day care centers. We can do a good job with these, but not a good measure for the remainder. We don't have a good way to measure two-year-olds."

According to Doctor Mack, "Immunizations for kids have been a high priority in both the public and private sectors in the state, but the primary thrust has been in getting them immunized for school entry. Clearly, while we've been focusing on this group there has been another group that has crept up on us. With school enterers we have a captive audience as well as the leverage of a legal mechanism that says, 'You can't get into school unless you're immunized.'"

Tip of the iceberg?

What, if anything, do the CDC survey results say about health care, in general, for children in Michigan? In answering this question, James K. Haveman, Jr., acting director of MDPH, points to Michigan's successes in meeting Goal 2000 objectives. Notably, the infant mortality rate in Michigan has been down the last five years in a row, he says.

Nonetheless, in an October 1, 1995 "guest commentary" in *The Grand Rapids Press*, Beatrice Murray, MD, a Grand Rapids pediatrician and president of the Michigan Chapter of the American Academy of Pediatrics, states, "Low immunization rates indicate a failing health care system for children."

Doctor Murray suggests low immunization rates indicate limited access to health care, and says, "To respond to the recent report on the immunization rate in Michigan by instituting programs that address only immunizations is like getting a copy of the test, then just studying the answers to the questions. That approach would not assure you a comprehensive understanding of course material, and jacking up Michigan's immunization rate will not assure our children access to good health care."

Continued on next page

Immunization coalition aims to improve Michigan's poor record; MSMS a key player

At press time, MSMS was planning to host a convocation of key individuals who are concerned about Michigan's poor immunization rate and want to do something about it. Groups invited to attend the November 28 meeting included the Michigan Department of Public Health, various state agencies, specialty societies and a variety of others. Also planned is a followup meeting in January 1996 to spread the immunization action campaign to community groups. MSMS is committed to helping improve Michigan's immunization rate. Watch *Michigan Medicine* and *Medigram* for details about our campaign, which will include the development of patient brochures for your offices.

If, as Doctor Dunn states, the average child visits a doctor 10 times by the age of two, how can limited access be blamed for Michigan's immunization troubles? One answer lies in Doctor Murray's insistence that all children need a "medical home," characterized by "accessible, continuous, comprehensive, family-centered" care.

"Part of the problem of health care for many of our vulnerable, indigent children is that services are often provided in a patchwork fashion by providers that are inadequately funded and reluctant to change the way they deliver care," Doctor Murray writes. "A child may get his shots at a clinic, his lacerations stitched at a med center, his fevers investigated at an emergency room and his bad teeth sporadically treated in a traveling bus."

Yet, Haveman states, "These are not just kids who are poor or on Medicaid." According to Doctor Johnson, "Children are not always immunized, even in the medical home. We ought to be asking the question, 'Is this child up to date?'

If we don't have good preventive care including immunizations it's hard to imagine that we have good health care. To the extent that we're successful in bringing these up, we will have opportunities to look at other health care needs.

"It would be naive for me to think that each child has a medical home," Doctor Johnson adds. "When we reach this goal, we'll have an easier way to administer immunizations."

Solutions

One way to facilitate the "medical home" is to establish an immunization registry. This would establish continuity of care by allowing health care providers to access a computer data base that would hold information on each child's immunization history. Such a registry has already been operational for two years in Midland County, according to Doctor Dunn. "Their system outcome was that in nine months they went from 58 per-

cent to 84 percent," she says. "It's my belief that a registry is the most effective tool. We're long overdue."

According to Haveman, money to establish a comprehensive state-wide registry of immunization is included in the MDPH budget. Nonetheless, a registry is not the Department's primary thrust at this time.

"There was four to five million in the budget for a registry, but even if we could wave a magic wand we wouldn't see the results until 1998-99," Haveman says. "Let's focus on the immediate needs in the meantime," Haveman adds. "The registry has been oversold to solve the issue."

Doctor Johnson speaks of concerns that the registry is too much a long-term solution, at a time when Michigan faces an immunization crisis. "There's a consensus within the State Health Department (that a registry is needed,) but

having said that, that can't be the only drum we beat right now."

Doctor Johnson adds there are political obstacles to overcome with regard to a registry. Some question how the information will be used, who will have access, and whether the information could be used against parents or families.

"Legislators have expressed concerns to us about this," Doctor Johnson says. "The answers are that only those with the need to know would be allowed to use the registry data. We would use the registry as a tool to tell us where we are weak and strong, and on an individual level to track children's immunizations. This is not to be coercive or to take away rights but (these questions) are understandable."

"There are concerns about a registry, as there is about government in general. We can't assume that everyone concerned with immunizations has bought into the idea."

In the meantime, the thrust for MDPH is providing consulting and other services at the local level, "to the extent that those can be established more



David Johnson, MD,
MPH

Common Myths About Immunizations

By Karen B. Mitchell, MD

Myth

Don't give immunizations if a child has an upper respiratory infection.

If a child is on antibiotics, wait until course is completed before giving immunizations.

If a dose is missed, the series must be restarted.

Preterm infants should be given immunizations according to gestational age.

Don't give immunizations if mother is pregnant.

Don't give immunizations if allergic to feathers or duck meat.

Fact

Immunizations may be given if patient has a mild acute illness (e.g. upper respiratory illness) with temperature <38.5 C. Contraindicated in moderate or serious acute illness with or without fever.

Immunizations may be given while on antibiotics.

Even if dose is missed, the series never needs to be restarted. Ensure that the minimum number of doses is given.

Preterm infants should be given immunizations according to chronological age (exception: hepatitis B not given under 2 kg if mom is HbsAg-negative).

May give immunizations if mother or household contact is pregnant or breastfeeding.

May give immunizations if patient has feather or duck meat allergy. Anaphylactic reaction to eggs is a contraindication; skin testing of immunizations is recommended.

Myth

Don't give immunizations if there is a family history of seizures of SIDS.

Don't give immunizations if allergic to antibiotics.

Don't give immunizations if the previous dose caused redness, swelling or fever.

Don't give if family member had a serious reaction or allergy to the immunization.

Don't give the immunization if recently exposed to the disease.

Reduce the DPT dose in half if child or family member had a reaction to a previous immunization.

No more than two injections should be given at a time.

Fact

May give immunizations regardless of family history.

Anaphylactic allergy to neomycin or streptomycin are the only antibiotic allergy contraindications.

May give immunizations if previous one caused local reaction or fever <105F.

May give immunizations regardless of family history.

May give regardless of exposure to infectious disease.

Never divide or reduce doses. May cause inadequate antibody response, does not decrease the incidence of adverse reactions, and may actually sensitize the patient and increase the chances of adverse reactions in subsequent doses.

Any number of vaccines may be given at the same time, but must be in separate syringes and at separate anatomical sites. (The only exception is yellow fever or cholera vaccines with OPV.)

Doctor Mitchell is a Southfield family physician.

quickly than at the state level," Doctor Johnson says.

On invitation, for example, MDPH will go into a practice or public clinic, to provide assessments and consultative services. An MDPH program called "Personalized Immunization Record Assessment" makes use of computer software developed by the CDC to conduct rapid, accurate assessments of the immunizations levels of children 19 to 35 months old. MDPH personnel will either review written records, or take information back to the health department on disc for a detailed analysis, and recommend strategies tailored to raising immunizations levels in that particular practice. Another MDPH program provides a one-hour "Immunization Practice Update" that includes current immunization information and educational materials. In addition, MDPH has authorized county health officers to deputize physicians so they can distribute public vaccine to all of their patients. If fully utilized by all the counties, this power of deputation could be used to achieve the equivalent of universal funding for vaccines.

According to Haveman, "The Health Department historically has taken much on its own, that it is its mission to solve all the problems. We need to invite partners into the process. Organized medicine and

the public health departments around the state can meet the call to arms, and we can work within the existing structure.

"The CDC rating of Michigan has been a wake-up call to many people. Blue Cross Blue Shield and employers are relooking at their policies on immunizations. There's a window of opportunity here for people to voluntarily look at their policies on immunization, or legislators will want to look at mandating immunizations."

"Immunize by 2 in Kalamazoo" is a product of one such public/private partnership. Tom Dugard, executive director of the Kalamazoo United Way, says the program's goal is to achieve full immunization of all two-year-olds in Kalamazoo County within two years. Spearheaded by the United Way, the program is led by a consortium of public and private partners including physicians, hospitals, major employers, insurers, schools, visiting nurses, MSU Cooperative extension service, advertisers, and the courts.

"There's well over 45 people meeting every two weeks. Our first objective is to develop an at-birth registry," says Dugard, noting that 98 percent of Kalamazoo children are born in the county.

According to Dugard, parents will be sent reminder cards prior to each scheduled immuniza-

Number of reported cases of vaccine-preventable diseases in Michigan

	Total cases 1993	Among children < 5 yrs, 1993	Total cases 1994	Among children < 5 yrs, 1994	Total cases year to date, 1995*	Among children < 5 yrs, 1995
Congenital rubella syndrome (CRS)	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0
Invasive H. influenzae	17	13	19	10	11	7
Hepatitis B	393	19	432	15	172	4
Measles	6	4	26	7	5	0
Mumps	80	11	59	10	23	6
Pertussis	115	87	96	63	40	32
Poliomyelitis	0	0	0	0	0	0
Rubella	2	1	9	0	1	0
Tetanus	3	0	4	0	1	0

Source: Michigan Immunization Update, Spring/Summer 1995

*Through May 31, 1995

tion. Likewise, doctors will send cards back to the program whenever a child is immunized. The information will be entered into a computer, where it will be compared with the at-birth registry to generate a list of children not immunized. This list will then be turned over to a voluntary senior citizens program which will perform telephone follow-up. The program will also contract with qualified agencies to do home visits and home inoculations.

"Immunize by 2 in Kalamazoo" will officially kick-off possibly in February with a major county-wide event, as well as smaller community-based events, Dugard says. The program is funded through 1997, at a total cost of \$280,000. This includes budget for the home visits and inoculations, as well as for a new software package for the Kalamazoo County Health Department, which will be responsible for tracking immunizations and mailing out cards.

According to Doctor Dunn, the CDC is providing leadership, so that one day, when all states have comprehensive registries, they are all compatible. Meanwhile, Michigan

works towards its own state-wide data base, community partners seek solutions and individual healthcare providers work diligently to pull Michigan's immunization rates up off the bottom.

"Immunization is a moving target," Doctor Dunn says. "You think you're up to date, and the next minute you're not. There's no such thing as getting the job done. Kids are being born every day in Michigan, 500 per day. Kids don't stop being born. You don't just throw a media campaign at people and expect that to fix it." ■

Karen Bouffard is a Williamston, Michigan-based freelance writer.

Recommended Immunization Schedule

	Birth	2 Months	4 Months	6 Months	6-18 Months	12-15 Months	12-18 Months	4-6 Years	14-16 Years
DTP	✓	✓	✓			✓	✓		
OPV	✓	✓		✓			✓		
HIB	✓	✓	✓..		✓				
Hep B*	✓	✓		✓					
MMR					✓		✓		
Td							✓		

* Alternative Schedules are possible. Consult your provider for details.

** Not needed if PEDVAXHIB is used.

Simple method leads to soaring rates at Ann Arbor clinic

According to Howard Weinblatt, MD, an MSMS member who serves on the Governor's Immunization Advisory Council, "Study after study indicates 50 percent of lack of immunization is due to clinician failure — missed opportunities."

Director of Child Health Associates in Ann Arbor, Doctor Weinblatt has seen the immunization rate at his 27,000 patient clinic rise from 78 percent to 93 percent over the past two years.

"We haven't done anything new, unusual or dramatic," Doctor Weinblatt says. "What we did was an assessment to see if children were up-to-date, and checked charts to see if children had been in the office around the time an immunization was missed.

"We found we hadn't been nearly as consistent as we thought we had been. Seventy-eight percent had been in the office around the time they were due."

The practice began stamping charts with a place to check a "yes" or "no" answer indicating if the child's immunizations were up to date. It was up to whomever put the patient in the room to chart this information.

One year later, they did another audit. They found some improvement, but still weren't satisfied. "So we made it the responsibility of the person who filed the chart after the child was seen as well. Then, we made it the responsibility of everyone to check."

Two years later, and significantly improved, Doctor Weinblatt feels they could still do better. "Even though we're at 93 percent, of the 19 kids that weren't up-to-date, 10 had missed opportunities on the chart. We could have gotten up to 96 or 97 percent."

Although, at 78,000 visits per year, Child Health Associates is one of the largest pediatric practices in the country, Doctor Weinblatt says smaller practices could achieve similar results. "There's no reason you couldn't do it on a smaller scale in a solo physician's office." Doctor Weinblatt notes that MDPH can provide consultation and other services to practices that wish to bring up their immunization rates.

For more information on how MDPH can facilitate immunizations in your office, call Nancy Fasano, MDPH special projects coordinator, at 517-335-9423. ■

NEWS

COUNTY MEDICAL SOCIETY

By Tom Seely

Tom Seely is chief of physician outreach programs for MSMS. If you would like the activities of your county medical society featured in a future issue of Michigan Medicine, please contact Tom Seely at MSMS at 517-336-5770.

Upper Peninsula Medical Society holds two-day annual meeting

"The geography and economy of the U.P. has delayed managed care from establishing itself here, but we realize it will be here soon."

— Martin Matthews, MD, President
Marquette/Alger County Medical Society

Upper Peninsula physicians and their families enjoyed a mixture of business and pleasure during the 95th Annual U.P. Medical Society Meeting, held September 22-24 in Marquette. The program for the two-day event ranged from an update on managed care to a dinner party for physicians and their families.

"It was very nice to allow the children to attend several of the medical functions," said Scott Pynnonen, MD, a L'Anse —. "Having Michigan State Medical Society representatives here allowed many of us to meet and get to know some of the names we hear and read about. The conferences were helpful and the question/answer period allowed the rural physicians a chance to voice their opinions re-

garding managed care and how it will affect us in the future."

Keynote speaker for the event was Greg Korneluk, chair of the International Council for Quality Care, Inc., Boca Raton, Florida. Formerly a practice management specialist with the American Medical Association, Korneluk discussed office management techniques and shared his recommendations for helping physicians prepare for managed care.

Also speaking was Gordon S. White, of Glengarry Associates, Lansing, who discussed his experiences with helping build health care coalitions in lower Michigan.

"The geography and economy of the U.P. has delayed managed care from establishing itself here," said Martin Matthews, MD, president of the Marquette/Alger County Medical Society. "But we realize it will be here soon. The managed care forum with Gordon White has acquainted us with the issues and many solutions in other areas so that we may organize to best serve the interests of our own area."

Other discussions during this two-and-a-half day meeting included clinical presentations by area phy-



UP physicians Kenneth E. Rowe, MD, (far right), and Craig T. Coccia, MD, (second from right), discuss health care issues with MSMS Board Chair Peter A. Duhamel, MD, (second from left), and Robert Manning, executive director, Marquette/Alger County Medical Society.



Marquette neurosurgeon Craig T. Coccia, MD, (left), takes a break from the two-day UP Medical Society Meeting to discuss the UP health care environment with MSMS President B. David Wilson, MD, a Kalamazoo internist.

Continued on next page

Continued from previous page

sicians, a forum on U.P. managed care with provider and industry presentations, and reports from U.P. county societies on local activities.

Specialty Society News: Internal Medicine

The Michigan Society of Internal Medicine has been named the "Component Society of the Year" by the American Society of Internal Medicine. The award is given in recognition of several achievements including effective and aggressive advocacy for internists and patients, member recruitment, and communication with members.

Recent accomplishments of the MSIM include: an increase in its active membership by more than 32 percent. Two residents now serve on the MSIM Council and special efforts are underway to get younger internists involved in MSIM activities.

MSIM delegates who attended the recent ASIM National Meeting were: Ronald VanderLaan, MD,

Grand Rapids; F. Remington Sprague, MD, Muskegon; Richard Wakulat, MD, Petoskey; Laura Carravallah, MD, Flint; Catherine Upton, MD, Rochester; and John Maurer, MD, Grand Rapids. The resident delegate was Partha Nandi, MD, Dearborn. Also attending the meeting was: John Papp, MD, Grand Rapids, who represented the American College of Gastroenterology, and Caroline Kimmel, MSIM executive director.

While at the meeting, Doctor Nandi was elected to the ASIM Resident Section Board, Doctor Carravallah was selected to serve on a reference committee, and Howard Goldberg, MD, received a Federal Legislation Key Contact Award. ■

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MSMS Members On the Move



Paul M. Kanev, MD, MS, is the new director of the Pediatric Neurology Program at Henry Ford Hospital. He is former chief of pediatric neurology and co-director of the Pediatric Epilepsy Center at St. Christopher's Hospital for Children in Philadelphia.



Paul B. Lattin, DO, is a newly-named fellow of the American College of Radiology. Doctor Lattin is a radiation oncologist at Oakwood Hospital and Medical Center and Oakwood Healthcare Center-Southgate.



George S. Abela, MD, one of the world's pioneers in the use of lasers to treat cardiovascular ailments, is the newly-named chief of the cardiology section of the Michigan State University Department of Medicine. Before coming to MSU, Doctor Abela was director of interventional research at the Harvard University Medical School.

Surjit S. Bhasin, MD, is the new medical director of Cape Medical Inc., Michigan's oldest clinic plan. Doctor Bhasin is chief of cardiology at Detroit Receiving Hospital and is associate professor of medicine at the Wayne State University School of Medicine.

Jerry C. Rosenberg, MD, PhD, is a newly-elected member of the Board of Directors of the United Network for Organ Sharing (UNOS), the organization selected by the federal government to supervise the national organ procurement network for transplantation. Doctor Rosenberg is professor of surgery and associate professor in the physiology and immunology departments at Wayne State University. He also is adjunct clinical professor of surgery at Mercy College of Detroit, and chief of staff and chief of surgery at Hutzel Hospital, Detroit.



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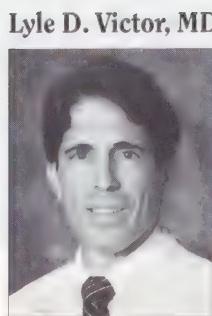
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Lyle D. Victor, MD, director, Transitional Year Residency Program, Oakwood Hospital and Medical Center-Dearborn, is a newly-appointed member of the Transitional Year Review Committee, a standing committee of the Accreditation Council for Graduate Medical Education, the national accreditation board for medical residency programs.

Doctor Victor is one of nine members on the committee, which meets twice a year and reviews approximately 40 transitional year residency programs per meeting. He will serve a three-year term.

John MacDermid, DO, and Norman MacDermid, DO, two long-time Belleville family practitioners, have joined the staff at Oakwood Healthcare Center, Belleville. Doctor John MacDermid, a general practitioner, has been a member of the medical staff at Oakwood Hospital Beyer Center, Ypsilanti. His son, Doctor Norman MacDermid also is a member of the Oakwood Hospital Beyer Center medical staff.



Michael Giacalone Jr., MD, is the newly-appointed director of Genesys Health System, St. Joseph Campus. He previously served as assistant dean of the University of Michigan Medical School in Ann Arbor.

Bruce M. Gans, MD, president, Rehabilitation Institute of Michigan, is the recipient of The Brent England Award for Excellence in Rehabilitation Management. This award is presented annually to a rehabilitation administrator who has exhibited outstanding leadership in meeting the challenges of rehabilitation management. Doctor Gans is pro-

fessor and chair of the Department of Physical Medicine and Rehabilitation, Wayne State University School of Medicine. ■



A major pharmaceutical company's campaign to encourage mandatory Hepatitis B vaccines for Michigan school children needed a shot in the arm. They turned to Rossman Martin & Associates.

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SURFING THE INTERNET

By Nicholas J. Lekas, MD

"Surfing the Internet," is a monthly Michigan Medicine feature which offers physicians practical "how-to" tips and timely information on using the Internet. If you have a question regarding the Internet or the MSMS home page, MSMSNET, contact Andrew T. Clay at MSMS via E-mail at aclay@msms.org or by phone at (517) 336-7601.

Access MSMSNET from any Internet Service <http://www.msms.org>

MSMSNET, in the hope of reaching physicians with access to the Internet through providers other than Voyager Information Networks, is now accessible from any service. Our URL is <http://www.msms.org>. We encourage any physicians who are interested in exploring our vast collection of on-line resources to visit our homepage. If you do not have access to the Internet, and are currently using an on-line service, you can contact your provider for information on how to access the World Wide Web. If you are not currently using an on-line service, or have questions about direct Internet access, please call MSMSNET Coordinator Bill DeCourcy at 517-336-7575 for more information.

In addition to opening our homepage to the public, MSMSNET is encouraging physicians to E-mail the Internet addresses of medical resources they use, so that we may continue to expand our on-line catalog. If you have any resources, or suggestions for our homepage, please E-mail us at msms@msms.org, or call Bill DeCourcy at the number listed above.

Download Corner

Saving Information:

Many MSMS users come across information on the Internet that they would like to use in a report, e-mail or presentation. Netscape provides two methods for capturing text from a Internet document, and another method of saving graphics.

If you come across a piece of text that you would like to save, you can use the Save as... function in the Netscape menu bar to save the information you are viewing. When you find a document that you want to record, click on Save As... in the menu bar under File. When you are presented with the Save as... dialog box, choose Plain text (*.txt) in the area marked Save File as Type: in the lower right portion of the dialog. This will save a copy of the document you are viewing in a format that can be read by any word processor or spreadsheet.

Another way of using text from the Internet is to copy the information from Netscape and paste it into another application. To use this method, click and hold your left mouse button at the point in the Internet document you wish to begin copying at.

Without letting go of the left mouse button, move the cursor over the information you want to copy. Let go of the mouse button when all the information you need is highlighted. From the Edit menu in the menu bar choose Copy. This will send the information you highlighted to an area of computer memory called the Clipboard. Until you turn your computer off, or manually clear the Clipboard, this information will be available to any other application. To put the copied information into another document, position the cursor at the place in the document you want the information inserted at and choose Paste from the Edit menu.

To save graphics to disk, right click (shift - click on a Macintosh) on the graphic you want to copy. A menu will appear next to your mouse pointer. Choose Save this Image as... from that menu. A dialog will appear that will allow you to save the graphic you are viewing. ■

Doctor Lekas is chair of the MSMS Committee on Technology in Medicine. He may be contacted via E-mail at nlekas@msms.org

MSMS committees provide a platform for addressing key issues

Effectiveness reflects member input

MSMS has 54 committees and task forces which provide a platform for addressing issues ranging from bioethics to medical economics. To effectively address such a wide range of issues, MSMS committees rely heavily upon member input. MSMS encourages involvement of as many different physicians as possible from every geographic area.

Committee appointments are awarded annually at the MSMS Mid-Summer Board meeting held in July. Members are selected from a pool of applicants who have been nominated by current committee members, MSMS section officers and specialty and component society leaders. Committee appointments are for two-year terms, with new appointments taking place annually.

The first step toward obtaining a position, and the most difficult, is determining which committee (or committees) interests you most. Following is a complete list of MSMS committee and task forces for your reference and review. Each committee listing includes a brief statement of goals.

Members interested in serving on a committee must be appointed by the MSMS Board of Directors. Simply contact a current committee member, MSMS section leader, MSMS Board member, your county medical society or specialty society, or contact MSMS headquarters and request a recommendation. Each January MSMS begins seeking recommendations for the coming year. So now is a good time to start thinking about what committee you would like to join.

For more information on any of the MSMS committees, contact Jeanne Miller at MSMS at 517/336-5726.

Committee on Aging

This Committee provides physicians with an overview of the medical, social and psychological needs of the aged patient. Activities include examining the health status of the older patient, advocating preventative medicine programs, discussing Medicare financing, and exploring long-term care options for the elderly. The Committee works with many community organizations and the Michigan Office of Services to the Aging.

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Task Force on AIDS Education

This Task Force develops strategies for educating physicians about AIDS and coordinates MSMS efforts in physician and public education with those of the Michigan Department of Public Health.

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Committee on Awards

This Committee supervises the MSMS awards program and makes recommendations to the Board of Directors.

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A. Bradley Eisenbrey, MD, Grosse Pte. Woods
Thomas C. Payne, MD, East Lansing
Talanki S. Viswanath, MD, Livonia
Donna Brown and Jeanne Miller, Staff

Committee on Bioethics

This Committee considers questions about scientific, medical, moral, ethical and political concerns dealing with the beginning of life and the ending of life which have raised increasing problems for physicians and, therefore, MSMS.

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Committee on Communications and Professional Relations

This Committee develops and oversees all professional/public relations and public service activities. It provides physician input to the program suggestions and activities advanced by outside consultants and MSMS staff.

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Committee on CME Accreditation

This Committee assures that quality CME activities are available to Michigan physicians through review, evaluation, and accreditation of Category I continuing medical education providers in the state.

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Committee on CME Programming

This Committee develops, conducts, and supervises Category I programs in Michigan to serve the continuing medical education needs and interests of physicians. It also is empowered to jointly sponsor programs which meet the CME criteria for Category I education activities.

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Clyde R. Flory, Jr., MD, Lansing
Dorothy M. Kahkonen, MD, Detroit
John G. McHenry, MD, Northville
David J. Millard, MD, Paw Paw
Bassam H. Nasr, MD, Port Huron
Mary Elizabeth Roth, MD, Southfield
Virgilio G. Villarreal, MD, Flint
John J. Siller, MD, Consultant, Milford
Sherry L. Fent, Staff

Committee on Constitution and Bylaws

This standing Committee of the MSMS House of Delegates is responsible for facilitating all actions by the delegate body which may result in required amendments to the MSMS Constitution and Bylaws. The Committee also is responsible for reviewing, revising and reprinting the Constitution and Bylaws document periodically, as necessary.

Steven E. Newman, MD
Southfield
Chair

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R. Paul Clodfelter, MD, Grand Rapids
Thomas A. Eggleston, MD, Saginaw
Dennis A. Smallwood, DO, Sandusky
L. Paul Sonda, MD, Ann Arbor
Geoffrey A. Wardwell, MD, Kalamazoo
Sherry L. Fent, Staff

Committee to Assist Impaired Physicians

This Steering Committee provides assistance, through its medical director and a statewide network of volunteer physicians, to physicians who have problems related to alcoholism, chemical dependency, emotional illness, physician impairment, and serves as the advisory body to the Physi-

Continued on next page

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cians Recovery Network. Education and research toward prevention, case finding, and intervention are major components of the program.

Charles F. Gehrke, MD

Saginaw
Chair

Stephen A. Bendix, MD, West Bloomfield
Michael F. Boyle, DO, West Bloomfield
Diana M. Constance, MD, Southfield
David C. Dunstone, MD, Kalamazoo
Allan M. Ebert, DO, Flint
Michael L. Fox, DO, Livonia
James P. Gallagher, MD, Allen Park
Thomas L. Haynes, MD, Grand Rapids
Linda S. Hotchkiss, MD, Detroit
Thomas A. Kane, DO, Shelbyville
John E. Kurtz, MD, Saline
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Shelly Stettner, DO, Birmingham
Gerald A. Vander Voord, MD, East Lansing
Richard H. Wakulat, MD, Petoskey
Richard D. Weber, Consultant, Detroit
Thomas M. Wolff, Staff

Committee on Maternal and Perinatal Health

This Committee strives to improve the care of the obstetrical patient and her newborn and to provide means for physicians, nurses, and others interested in maternal, perinatal, and neonatal health to discuss mutual problems and share ideas. It works in close cooperation with the state agencies and medical specialty organizations.

Joseph S. Moore, MD

Grand Rapids
Chair

Rudi Ansbacher, MD, Ann Arbor
Charles J. Barone, II, MD, Shelby Twp.
Mary P. Bedard, MD, Detroit
Jay E. Berkelhamer, MD, Detroit
Roger D. Beyer, MD, Paw Paw
Sidney F. Bottoms, MD, Detroit
David R. Calver, MD, Bloomfield Hills
Stanley A. Dorfman, MD, Bloomfield Hills
Robert W. Dustin, MD, Bloomfield Hills
Samuel J. Edwin, MD, Roseville
James W. Gell, MD, Bloomfield Hills
Lynn A. Green, MD, East Lansing
John Hebert, III, MD, Flint
Robert H. Hertz, MD, Birmingham
David M. C. Hislop, MD, Port Huron
Russel D. Jelsema, MD, Grand Rapids
Lloyd A. Kammeraad, MD, Grand Rapids
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Ratnaker K. Kini, MD, Bloomfield Hills
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John M. Lorenz, MD, Lansing
Robert P. Lorenz, MD, Royal Oak

Federico G. Mariona, MD, Southfield
Charles W. Newton, III, MD, Grand Rapids
Bernhardt L. Pederson, MD, Bay City
Jose A. Peralta, MD, E. China
Trudy Ritter, Alliance, Ann Arbor
Kenneth S. Rudman, MD, East Lansing
C. Maureen Sander, MD, East Lansing
David B. Schwartz, MD, Detroit
Audrey E. Stryker, MD, Saginaw
Arthur A. Ulmer, MD, Grosse Pointe Shores
Paul T. von Oeyen, MD, Royal Oak
Robert A. Welch, MD, Plymouth
George H. Baker, MD, Consultant, Lansing
Mary M. Conklin, RN, Consultant, Lansing
George W. Russian, DO, Consultant, Okemos
Terri Wright, MDPH, Consultant, Lansing
Andrew J. Lott, Staff

Advisory Committee to Section on Medical Economics

This Advisory Committee assists MSMS in setting priorities, studies current health care financing, makes specific recommendations concerning future financing mechanisms, and develops an understanding of traditional insurance companies, emerging alternative financing and health delivery systems.

John E. Billi, MD

Ann Arbor
Chair

Archie W. Bedell, MD, Toledo, OH
John H. Beernink, MD, Grand Rapids
Joseph J. Berke, MD, Detroit
Gilbert B. Bluhm, MD, Troy
Brooks F. Bock, MD, Detroit
Dennis I. Bojrab, MD, Royal Oak
Robert L. Bree, MD, Ann Arbor
Frederick B. Brown, MD, Muskegon
James V. Buzzitta, MD, Grand Rapids
R. Paul Clodfelter, MD, Grand Rapids
Edward M. Cohn, MD, Royal Oak
Peter J. Colquhoun, MD, Battle Creek
James R. Dolan, MD, Kalamazoo
Karl J. Edelmann, MD, Ann Arbor
Douglas A. Edema, MD, Grand Rapids
Paul O. Farr, MD, Grand Rapids
Peter G. Fattal, MD, Saginaw
Maureen S. Fedeson, MD, West Bloomfield
Morris A. Flbaum, MD, Ypsilanti
Gregory J. Forzley, MD, Grand Rapids
George R. Gerber, MD, Detroit
Floyd G. Goodman, MD, Lansing
Geoffrey R. Grambau, MD, Kalamazoo
Martha L. Gray, MD, Ann Arbor
D. Bonta Hiscoe, MD, East Lansing
Richard P. Horsch, MD, Mayville
Samuel D. Indenbaum, MD, Bingham Farms
Edward G. Jankowski, MD, Clinton Twp.
Wendy L. Larson, MD, South Lyon
Stanley H. Levy, MD, Berkley
Brian R. McCardel, MD, East Lansing
Franklin D. McDonald, MD, Detroit
AppaRao Mukkamala, MD, Flint
Partha S. Nandi, MD, Dearborn

Steven E. Newman, MD, Southfield
Fred E. Patterson, MD, Ann Arbor
Sol D. Pickard, MD, Detroit
Rhoda M. Powsner, MD, Ann Arbor
Frederick E. Rector, MD, Detroit
David R. Rovner, MD, East Lansing
Fred R. Severyn, MD, Detroit
Marilee G. Shebuski, MD, Houghton
Donald C. Smith, MD, Ann Arbor
Daniel P. Stewart, MD, Kalamazoo
David A. Strahle, MD, Flint
James K. Watkins, MD, Grand Rapids
Joseph J. Weiss, MD, Livonia
Joseph P. Hymes, MMGMA, Ann Arbor
Susan Saewert, Consultant, Kalamazoo
Robert D. Swartz, MMGMA, Rochester Hills
Julie L. Lester, Staff

Task Force on Rural Health Care

The Task Force gathers information on the increasing challenges of change occurring in rural health care and helps physicians make the necessary practice changes so that they may continue to provide quality health care to rural Michigan residents.

Michael J. Parks, MD

Hillsdale
Chair

Warren E. Bontrager, MD, Midland
Bruce G. Deckinga, MD, Charlevoix
Alfonso C. Ferreira, MD, Caro
David H. Gilbert, MD, Calumet
Susan Heyka, Alliance, Petoskey
John M. Hickner, MD, Escanaba
James E. Jacques, MD, Tawas City
Tom M. Johnson, MD, Kalamazoo
Steven R. Lessens, MD, Shelby
Mohan Dass Macha, MD, Marlette
Rakesh N. Saxena, MD, Alma
Donald N. Schwing, MD, Okeoma
Timothy J. Tobolic, MD, Byron Center
Thomas F. Byrne, MMGMA, Saginaw
F. B. "Tom" Plasman, Staff

Liaison Committee with Michigan Peer Review Organization (MPRO)

This Liaison Committee monitors the activities of the federal peer review organization in Michigan (MPRO), provides policy input to MPRO on medical and operational issues, meets with MPRO representatives to discuss matters of mutual interest, and assists individual physicians in dealing with problems or concerns they may have with MPRO.

Robert C. Packer, MD

Muskegon
Chair

Thomas F. Anderson, MD, Ypsilanti
Joseph A. Arena, Jr., MD, Madison Heights
Michael C. Boucree, MD, Flint
John J. Feldmeier, DO, Detroit

Peter E. Fujiwara, MD, Bay City
Ronald N. Horowitz, MD, Lansing
Omero S. Iung, MD, Lansing
Daniel D. Joseph, MD, Onekama
Omar Kadro, MD, Royal Oak
Michael J. Macksood, DO, Flint
S. R. Nair, MD, Monroe
Bernhardt L. Pederson, MD, Bay City
Dindiyalla V. Ramana, MD, Davison
L. N. Swamy, MD, Ishpeming
Frederick W. Van Duyne, MD, Swartz Creek
Gordon F. VanOtteren, MD, Grand Rapids
Francis M. Wilson, MD, Detroit
Samir R. Yahia, MD, Detroit
F. B. "Tom" Plasman, Staff

Planning Committee for MSMS Conference on Maternal and Perinatal Health

This Planning Committee plans and implements the Category I CME program for the Annual MSMS Conference on Maternal and Perinatal Health, in cooperation with several other participating organizations.

Paul T. von Oeyen, MD

Royal Oak
Chair

John R. Addy, MD, Lansing
Edgar J. Beaumont, MD, Grand Rapids
Sidney F. Bottoms, MD, Detroit
David R. Calver, MD, Bloomfield Hills
Lera-Jo Cavanaugh, RNC, MS, Brighton
Mary M. Conklin, RN, Lansing
Ralph A. Cram, MD, Albion
Douglas M. Cummings, MD, Bay City
Steven M. Donn, MD, Ann Arbor
Molly Gates, RN, Chelsea
Sandra Geller, RN, Lansing
Sandra L. Hayes, RN, Stevensville
Joy Herschberger, RN, Grand Blanc
Gary K. Johnson, MD, Flint
Alan S. Jones, MD, Grand Rapids
Val Lincoln, RN, Grand Rapids
David J. Lyman, MD, Kalamazoo
Federico G. Mariona, MD, Southfield
Joseph S. Moore, MD, Grand Rapids
Evelyn J. Philippi, RN, Grand Rapids
David S. Sciamanna, DO, Petoskey
Mary A. Scoblic, RN, Lansing
Roberto Villegas, Jr., MD, Flint
Sarah I. Cressman, Staff

Planning Committee for MSMS Annual Scientific Meeting

This Planning Committee, with guidance from the Committee on CME Programming, plans and presents Category I Credit CME courses in the Annual Scientific Meeting format. It provides CME courses of value to all specialties while striving to improve methods of education and evaluation.

Kamran S. Moghissi, MD

Warren
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Rudi Ansbacher, MD, Ann Arbor
Deloris A. Berrien-Jones, MD, Woodhaven
Fred W. Bryant, MD, Troy
Douglas M. Cummings, MD, Bay City
Miriam S. Daly, MD, Albion
Mark I. Evans, MD, Detroit
Michael J. Giacalone, Jr., MD, Grand Blanc
Omero S. Iung, MD, Lansing
Dorothy M. Kahkonen, MD, Detroit
Paul A. Lazar, MD, Flint
David J. Millard, MD, Paw Paw
Irving M. Miller, MD, Farmington
John M. O'Brien, MD, Chelsea
Mary E. Roth, MD, Southfield
Anthony J. Senagore, MD, Grand Rapids
Atul C. Shah, MD, Troy
Evangeline J. Spindler, MD, Ann Arbor
John J. Siller, MD, Consultant, Milford
Sarah I. Cressman, Staff

Medicaid Liaison Committee

This Liaison Committee discusses major policy issues of the Medicaid program with state government and attempts to resolve individual physicians' problems with Medicaid payments and procedures.

Daniel J. Wilhelm, MD

Port Huron
Chair

Bradley T. Barnes, MD, Rochester Hills
Atmaram B. Bhansali, MD, Battle Creek
Lynn S. Gray, MD, Berrien Springs
H. Richard Henderson, MD, Farmington Hills
William E. Hill, MD, Pontiac
Theodore B. Jones, MD, Detroit
Anthony M. Kam, MD, Sheridan
Harm Kraai, MD, Pontiac
Scott D. Larson, MD, Kalamazoo
Robert L. Leeser, MD, Charlotte
Michael Lesch, MD, Detroit
Vivian M. Lewis, MD, Flint
Richard Menczer, MD, Detroit
Diane L. Morris, MD, Beverly Hills
Michael J. Parks, MD, Hillsdale
Michele Reid, MD, Detroit
Lawrence A. Reynolds, MD, Flint
Glen R. Seagren, MD, Petoskey
Barina Y. Zado, MD, Flint
Thomas Zuber, MD, Midland
Gerald Brouhard, MMGMA, Flint
Warren C. White, Jr., MMGMA, Berrien Center
Christine N. Shearer, Staff

Committee on Medical Licensure and Discipline

This Committee serves as a liaison to the Michigan Department of Commerce's Bureau of Occupational and Professional Relations and the Michigan Board of Medi-

cine, and seeks and supports measures that will promote a fully effective Board of Medicine.

Donald H. Kuiper, MD

Lansing
Chair

Abd A. Alghanem, MD, Flint
Hassan Amirikia, MD, Detroit
Lourdes V. Andaya, MD, Detroit
Raakesh C. Bhan, MD, Battle Creek
Atmaram B. Bhansali, MD, Battle Creek
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Stella S. Evangelista, MD, West Bloomfield
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Jeffrey R. Johnson, MD, Lansing
Rachel B. Keith, MD, Detroit
A. Prasad Kommareddi, MD, Flint
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Mohan Dass Macha, MD, Marquette
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Philip M. Margolis, MD, Ann Arbor
S. R. Nair, MD, Monroe
Robert M. Nicholson, MD, Kalamazoo
James A. O'Neill, MD, Clarkston
Bernhardt L. Pederson, MD, Bay City
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Harold J. Sauer, MD, East Lansing
Donald V. Schultz, MD, Detroit
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James F. Shetlar, MD, Frankenmuth
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Rudy W. Stefancik, MD, Hancock
Jeffrey K. Stross, MD, Ann Arbor
Theodore S. Vanderveen, MD, Grand Haven
Edward R. Weddon, MD, Stockbridge
Andrew J. Lott, Staff

Committee on Membership and Recruitment

This Committee guides all recruitment efforts aimed at non-member physicians, residents, and students. It develops membership goals, makes recommendations to the Board of Directors and conducts personal recruiting efforts when needed.

Louis R. Zako, MD

Harbor Springs
Chair

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Lourdes V. Andaya, MD, Detroit
Carol A. Beals, MD, Lansing
Joseph M. Beals, MD, Detroit
Gilbert B. Bluhm, MD, Troy
Edward M. Cohen, MD, Troy
A. Bradley Eisenbrey, MD, Grosse Pte. Woods
Yanna Karabatsos, MD, Student, MSU
Donald E. Kelley, MD, Grand Rapids
Blanche Mindlin, Alliance, Bloomfield Hills
Conchita D. Riparip, MD, Saginaw

Continued on next page

Continued from previous page

Joseph A. Rutz, MD, Okemos
Michael A. Sandler, MD, West Bloomfield
Richard J. Santen, MD, Detroit
Narinder K. Sherma, MD, Farmington Hills
Carol vander Harst, MD, Bay City
Margo Hoornstra, Consultant, East Lansing
Kurt LeFebre, Consultant, Birmingham
Mary Valade-Levine, Consultant, Saginaw
Peter A. Levine, Consultant, Flint
Kathleen Maslanka, Consultant, Detroit
William "Chip" McClimans, Jr., Consultant, Grand Rapids
Susan Saewert, Consultant, Kalamazoo
Sallie J. Shiel, Consultant, Ann Arbor
Deborah Zanno, Staff

Liaison Committee with Michigan Department of Public Health

This Committee works to improve information and communication channels among public health officers, practicing physicians, and the public on environmental and public health issues of mutual concern.

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Grand Rapids
Chair

Silvio Aladjem, MD, Kalamazoo
George H. Baker, MD, Lansing
Jeffrey D. Band, MD, Royal Oak
John J. Bernick, MD, Dearborn
Michael C. Boucree, MD, Flint
Ernest Chiodo, MD, Harrison Twp.
Robert H. Digby, MD, Okemos
A. Bradley Eisenbrey, MD, Grosse Pte. Woods
Elizabeth A. Gresch, MD, Midland
George C. Hill, MD, Bloomfield Hills
David M. C. Hislop, MD, Port Huron
Gary K. Johnson, MD, Flint
Theodore B. Jones, MD, Detroit
Josef M. Kobiljak, MD, Warren
Donald W. Lawrenchuk, MD, Livonia
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Kalyani Misra, MD, Grand Blanc
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Dennis A. Smallwood, DO, Sandusky
Robert D. Steele, MD, Pontiac
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Brian L. Asher, MMGMA, Farmington Hills
Cynthia Vanhee, MMGMA, Grosse Pointe
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Krishna K. Sawhney, MD, Farmington Hills
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Appa Rao Mukkamala, MD, Flint
Robert J. Stomel, DO, Farmington Hills
Ralph LaGro, Mt. Clemens
James R. Tarrant, Staff

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William E. Madigan, East Lansing
W. Peter McCabe, MD, Grosse Pointe Woods
Steven E. Newman, MD, Southfield
Krishna K. Sawhney, MD, Taylor
Richard D. Weber, Detroit
B. David Wilson, MD, Kalamazoo
Kevin A. Kelly, Staff

MSMS/Michigan Hospital Association Liaison Committee

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Krishna K. Sawhney, MD, Taylor Vice-Chair MSMS Board of Directors
B. David Wilson, MD, Kalamazoo, President, MSMS
W. Peter McCabe, MD, Grosse Pte. Woods, President-Elect, MSMS
Jack L. Barry, MD, Saginaw, Immediate Past President, MSMS
William E. Madigan, East Lansing, Executive Director, MSMS
Kevin A. Kelly, Staff

Committee on Federal Legislation

This Committee monitors and influences federal legislation, and rules and regulations in conjunction with the AMA Washington office.

Thomas E. Stone, MD
Muskegon
Chair

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Casey R. Bartman, MD, Grand Rapids
Cathy O. Blight, MD, Flint

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Douglas L. Colberg, MD, Sturgis
Karl J. Edelmann, MD, Ann Arbor
David L. Harold, MD, Pontiac
Anne-Mare Ice, MD, Detroit
Lloyd A. Jacobs, MD, Ann Arbor
Mark D. Kolins, MD, Troy
Michael Lesch, MD, Detroit
Frank R. Lewis, MD, Detroit
Karl F. Loomis, MD, Battle Creek
William E. Madigan, East Lansing
Appa Rao Mukkamala, MD, Flint
Krishna K. Sawhney, MD, Farmington Hills
Ronald L. Vanderlaan, MD, Grand Rapids
Louis R. Zako, MD, Harbor Springs
Billie Anne Crabtree, MMGMA, Columbiaville
Peter Havens, MMGMA, Saginaw
Kevin A. Kelly, Staff

Michigan Doctors Political Action Committee Board of Directors

Krishna K. Sawhney, MD

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William D. Doebler, MD, Holland
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Peter A. Duhamel, MD, Rochester Hills
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Suzanne Pederson, Alliance, Bay City
Mitchell A. Rinek, MD, Okemos
Michael A. Sandler, MD, West Bloomfield
Anthony J. Senagore, MD, Grand Rapids
Ashok R. Sonnad, MD, Edmore
Thomas E. Stone, MD, Muskegon
B. David Wilson, MD, Kalamazoo
Bernard J. Woodley, MD, Trenton
Louis R. Zako, MD, Harbor Springs
Donna Welch LaGosh, Staff

Committee on State Legislation and Regulations

This Committee monitors and influences Michigan legislation related to health care. The Committee works to enhance physician participation in the state legislative process.

Mark D. Kolins, MD
Troy
Chair

John R. Addy, MD, Lansing
David A. Altman, MD, Warren

Hassan Amirikia, MD, Detroit
Charles G. Artinian, MD, Bloomfield Hills
Shan R. Baker, MD, Ann Arbor
Frank E. Banfield, MD, Livonia
Firooz Banooni, MD, Southfield
Bradley T. Barnes, MD, Rochester Hills
Charles J. Barone, II, MD, Shelby Twp.
Casey R. Bartman, MD, Grand Rapids
Stephen A. Bendix, MD, West Bloomfield
Cathy O. Blight, MD, Flint
Robert G. Borchak, MD, Eastpointe
Arnold M. Cohn, MD, Detroit
James T. Courtney, MD, Royal Oak
David A. Detrisac, MD, East Lansing
James G. Dobbins, MD, Marshall
William D. Doebler, MD, Holland
Patrick J. Droste, MD, Grand Rapids
Peter A. Duhamel, MD, Rochester Hills
Robert W. Dustin, MD, Bloomfield Hills
William R. Felten, MD, Saginaw
Justus Fiechtner, MD, East Lansing
Clyde R. Flory, Jr., MD, Lansing
Howard S. Goldberg, MD, Southfield
Elizabeth A. Gresch, MD, Midland
Randy D. Hicks, MD, Flint
Richard P. Horsch, MD, Mayville
Lorenz P. Kielhorn, MD, Jackson
Carol A. Krieg, MD, Escanaba
Kathy Ledtke, Alliance, Fort Gratiot
Albert J. Macksood, MD, Flint
Philip M. Margolis, MD, Ann Arbor
Robert C. Nestor, DO, Pontiac
Peggyann Nowak, MD, West Bloomfield
John P. Papp, MD, Grand Rapids
John C. Parker, MD, Jackson
Lawrence E. Pawl, MD, Grand Rapids
Bernhardt L. Pederson, MD, Bay City
David W. Peters, MD, Dearborn
James E. Richard, DO, Lansing
Mitchell A. Rinek, MD, Lansing
M. Gary Robertson, MD, Grand Haven
Michael A. Sandler, MD, West Bloomfield
Charles R. Schmitter, Jr., MD, Ann Arbor
Evangeline J. Spindler, MD, Ann Arbor
Thomas E. Stone, MD, Muskegon
Phillip B. Storm, MD, Lansing
Walter J. Talamonti, MD, Dearborn
Frank G. VanDeventer, MD, Harper Woods
Edward P. Washabaugh, MD, Ann Arbor
James K. Watkins, MD, Grand Rapids
Marvin S. Weckstein, MD, Southfield
Joseph L. Wilhelm, MD, East Lansing
Douglas R. Woll, MD, Troy
Bernard J. Woodley, MD, Trenton
David M. Woodliff, MD, Hastings
Michael L. Zarr, MD, Grand Blanc
Diane M. Bristol, MMGMA, Midland
Daniel R. Farhat, Consultant, Lansing
Liz Sayre-King, MMGMA, Ypsilanti
Susan Saewert, Consultant, Kalamazoo
Richard D. Weber, Consultant, Detroit
Gregory T. Aronin, Staff

Committee on Specialty Societies

This Committee provides for regular communication between MSMS and the members of specialty organizations. It deals with any subject of mutual concern except scientific or clinical medicine.

Peter A. Duhamel, MD

Rochester Hills
Chair

Edward Alpert, MD, President
Michigan Allergy & Asthma Society

Bert M. Bez, MD, President
Michigan Society of Anesthesiologists

Marc Peters-Golden, MD, President
Michigan Chapter, American College of Chest Physicians

Jack R. Luderer, MD, President
Michigan Section of Clinical Pharmacology and Therapeutics

Farouk S. Tootla, MD, President
Michigan Society of Colon and Rectal Surgery

L. Boyd Savoy, MD, President
Michigan Dermatological Society

James M. Fox, MD, President
Michigan Chapter, American College of Emergency Physicians

William P. Gifford, MD, President
Michigan Academy of Family Physicians

Suriner K. Batra, MD, President
Michigan Society of Gastroenterology-Endoscopy

James C. Lathrop, MD, President
Michigan Society of General Surgeons

David C. Tattan, DO, President
Michigan Association of Public Health Physicians

Ronald L. Vanderlaan, MD, President
Michigan Society of Internal Medicine

Dennis A. Smallwood, DO, President
Michigan Association of Medical Examiners

Robert P. Lisak, MD, President
Michigan Neurological Association

Alexa I. Canady, MD, President
Michigan Association of Neurological Surgeons

Jack Juni, MD, President
Michigan College of Nuclear Medicine Physicians

Charles W. Newton, III, MD, President
Michigan Section, District V, American College of Obstetricians and Gynecologists

Mark J. Upfal, MD, President
Michigan Occupational and Environmental Medical Association

Paul R. Licher, MD, President
Michigan Ophthalmological Society

Continued on next page

Continued from previous page

Larry Peck, MD, President
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MSMS/MPMLC Risk Management Committee

The Michigan State Medical Society Sec-
tion of Risk Management was developed
with the support of Michigan Physicians
Mutual Liability Company (MPMLC) to in-
crease MSMS member involvement in the
planning and implementation of risk man-
agement activities. This section has two
main objectives. The first is to increase the

number of risk management education programs available for physicians and related health care professionals, and to coordinate programs to insure that their content meets the needs and desires of the MSMS members. A second objective of the section is to inventory practice parameter development with Michigan and coordinate the involvement of Michigan physicians in practice parameter related projects. The purpose of the Risk Management Committee is to oversee the activities of the section and to provide assistance and guidance as necessary.

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Task Force On Physician Well-Being

This Task Force was formed to plan and help implement an MSMS educational program for physicians which focuses on professional well-being. The educational goal

is to promote the health of physicians and their families, to help them avoid impairment so they can continue to deliver quality medicare care to their patients. The Task Force includes representatives from the MSMS Board, MSMS Auxiliary, specialty societies and county medical societies.

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Task Force on Family Violence

The Task Force is charged with leading MSMS efforts to educate physicians about the needs of persons who are victims of child, partner or elder abuse, and with helping physicians to provide those persons with the best possible care and referral to services. In addition, the task force provides liaison with legal, law enforcement, social services, nursing and other medical organizations interested in improving care and services to violence victims.

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Physician Organization Committee

The PO Committee educates physicians concerning the changing health care delivery system, particularly concerning the need to develop effective managed care strategies. The Committee also oversees the provision of hands-on consulting services by the MSMS Physician Organization and Management Services group that assists physicians in establishing POs and PHOs.

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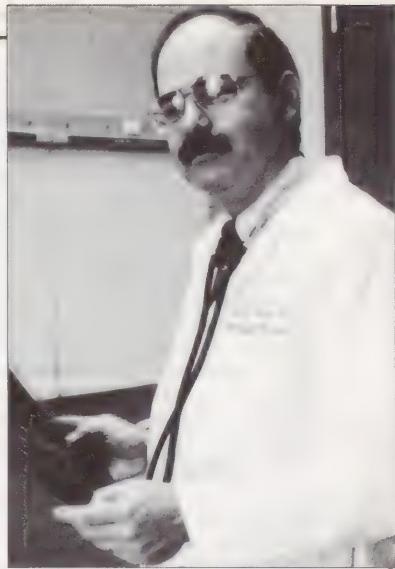
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The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Robert L. Alexander, MD, 345 Highland Court, Plainwell, MI 49080

Action, Date Taken: Reinstatement Denied, 09-13-95

Reason: None Available

Name: Michael L. Atkins, MD, 23126 12 Mile Rd., Big Rapids, MI 49307

Action, Date Taken: Probation, Reprimand, Fine - \$1,000.00, 07-26-95

Reason: Failure to Meet Continuing Education Requirements

Name: Yassir A. Attalla, MD, 1307 Ford Avenue, Wyandotte, MI 48192

Action, Date Taken: Probation, Reprimand, Fine - \$1,000.00, 07-19-95

Reason: Failure to Meet Continuing Education Requirements

Name: Michael A. Ballard, MD, P.O. Box 640907, Kenner, LA 70064

Action, Date Taken: License Limited, 09-20-95

Reason: Sister State Disciplinary Action, Failure to Report/Comply

Name: Arvin Bennish, MD, 4400 Town Center, Southfield, MI 48075

Action, Date Taken: Probation, Reprimand, Fine - \$1,000.00, 08-28-95

Reason: Failure to Meet Continuing Education Requirements

Name: Richard P. Capriccioso, MD, 2800 Hunter Heights, West Bloomfield, MI 48324

Action, Date Taken: Reinstatement Denied, 09-19-95

Reason: None Available

Name: Ajay Kumar Das, MD, 8221 N. Keating Avenue, Skokie, IL 60076

Action, Date Taken: License Limited, 08-23-95

Reason: Unethical Business Practice

Name: Vishva Mitra Dixit, MD, 1300 Pepper Pike, Ann Arbor, MI 48105

Action, Date Taken: Reprimand, Fine - \$1,000.00, Probation, 08-16-95

Reason: Failure to Meet Continuing Education Requirements

Name: Jerome H. Dykstra, MD, 410 Sixth St., Plainwell, MI 49080

Action, Date Taken: License Suspended - 6 mo. & 1 day, Fine - \$7,000.00, 10-13-95

Reason: Negligence/Incompetence

Name: Jose F. Fuertes, MD, 12465 James, Holland, MI 49424

Action, Date Taken: Probation, Reprimand, Fine - \$1,000.00, 09-13-95

Reason: Failure to Meet Continuing Education Requirements

Name: Norman J. Gersabeck, MD, P.O. Box 250246, 36360 West 14 Mile Road, West Bloomfield, MI 48325

Action, Date Taken: License Suspended - 30 days, Fine - \$1,000.00, 10-20-95

Reason: Sister State Disciplinary Action, Failure to Report/Comply

Name: Scott A. Graves, MD, 2181 W. Vienna Road, Clio, MI 48420

Action, Date Taken: Probation, Reprimand, Fine - \$1,000.00, 08-04-95

Reason: Failure to Meet Continuing Education Requirements

Name: Alan A. Halpern, MD, 1700 S. Park St., Kalamazoo, MI 49001

Action, Date Taken: License Suspended - 6 mo. & 1 day, Fine - \$10,000.00, 10-30-95

Reason: Negligence

Name: Richard A. Jankowiak, MD, 35100 Tiffany #102, Sterling Heights, MI 48312

Action, Date Taken: License Summarily Suspended, 10-02-95

Reason: Criminal Conviction-Alcohol Related

Continued on next page

BOARD OF MEDICINE ACTIONS

Continued from previous page

Name: Alan C. Lakin, MD, 29255 Northwestern Hwy., Southfield, MI 48034

Action, Date Taken: Probation, Reprimand, Fine - \$1,000.00, 08-17-95

Reason: Failure to Meet Continuing Education Requirements

Name: John R. LeFevre, DO, 3625 Grape, Grand Rapids, MI 49505

Action, Date Taken: License Summarily Suspended, 09-27-95

Reason: Mental/Physical Inability to Practice, Probation Violation

Name: Brian R. Molstad, MD, 5601 Wentworth, Minneapolis, MN 55419

Action, Date Taken: License Revoked, Fine - \$10,000.00, 10-13-95

Reason: Mental-Physical Inability to Practice

Name: Russell B. Rothrock, MD, 154 West Street, Battle Creek, MI 49017

Action, Date Taken: Successful passage of oral section of certification exam, 09-01-95

Reason: Negligence

Name: Michael D. Ward, MD, 1305 N. Oakland Blvd., Waterford, MI 48327

Action, Date Taken: Summary Suspension Disolved, 09-18-95

Reason: None Available

Name: Richard Woodburn, MD, 115 Westcourt Lane, San Antonio, TX 78257

Action, Date Taken: License Suspended - 6 mo. & 1 day, 10-20-95

Reason: Sister State Disciplinary Action, Failure to Report/Comply ■

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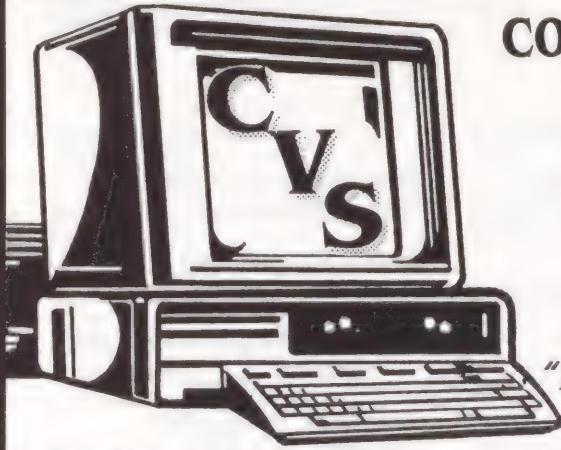
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INTERNATIONAL COLLEGE OF SURGEONS - MICHIGAN DIVISION ANNUAL SCIENTIFIC SESSION

FEBRUARY 7, 1996

8:00 a.m. - 4:00 p.m.

SINAI HOSPITAL, Zuckerman Auditorium, 6767 West Outer Drive, Detroit, MI

PROGRAM DIRECTORS

Eduardo Phillips, M.D., F.A.C.S., F.I.C.S., President, International College of Surgeons, Michigan Division, Chairman, Department of Surgery, Sinai Hospital, Detroit, MI, Clinical Assistant Professor of Surgery, Wayne State University, Detroit, MI
Andrew Saxe, M.D., F.A.C.S., F.I.C.S., Secretary/Treasurer, International College of Surgeons, Michigan Division, Section Chief, Endocrine Surgery, Program Director, Department of Surgery, Sinai Hospital, Detroit, MI, Clinical Assistant Professor of Surgery, University of Michigan, Ann Arbor, MI

GUEST SPEAKERS

J. Lee Sedwitz, M.D., F.A.C.S., F.I.C.S., Clinical Associate Professor of Surgery, East Carolina University School of Medicine,
LECTURE: The Belle Époque of Surgery, Life and Times of Theodor Billroth
Sofia Merajver, M.D., Ph.D., Assistant Professor, Department of Medicine, Director, High Risk Breast Cancer Clinic, University of Michigan, Ann Arbor, MI, **LECTURE:** Genetics of Breast Cancer -What the Surgeon Needs to Know
Edgar D. Staren, M.D., Ph.D., Associate Professor, Department of General Surgery, Assistant Dean for Clinical Curriculum, Rush Medical College, Chicago, IL, **LECTURE:** Ultrasonography for the General Surgeon
John H.C. Ranson, B.M., B.Ch., M.A., S. Arthur Localio Professor of Surgery, Director, Division of General Surgery, New York University School of Medicine, **LECTURE:** Complicated Pancreatitis
Andrew Saxe, M.D., F.A.C.S., F.I.C.S., **LECTURE:** What's New in Parathyroid Surgery
Jeremiah G. Turcotte, M.D., F.A.C.S., Professor of Surgery, Director, Organ Transplantation Center, Director, Liver Transplant Program, University of Michigan Medical Center, Ann Arbor, MI, **LECTURE:** Hepatic Surgery in the Era of Liver Transplantation
John B. Charles, Ph.D., Project Scientist, Human Life Sciences, NASA-Mir Program, Lyndon B. Johnson Space Center, Houston, TX,
LECTURE: Cardiovascular Aspects of Space Flight

OBJECTIVES: This program is designed to update knowledge in current issues in Surgery. It is open to physicians, residents and other interested health care professionals.

CREDIT HOURS: The International College of Surgeons - United States Section is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The International College of Surgeons -United States Section designates this continuing medical education activity for 6 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

REGISTRATION FEE: \$100 for physicians; \$50 for other health care professionals. There is no charge for residents or fellows of ICS to attend. Complimentary valet parking is available at the Zuckerman Auditorium Entrance off of West Outer Drive.

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Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

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Mark Cook, DO
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Raymond Fournier, MD
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Ibrahim R. Galaria, MD
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Mechal Ghastine, MD
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Saginaw

Sanjeev B. Goyal, MD
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John C. Hart, Jr., MD
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Daniel Harvey, MD
New Haven

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Joel Moses, MD
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CLASSIFIEDS

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Continued from page 56

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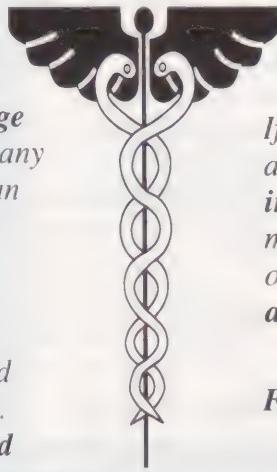
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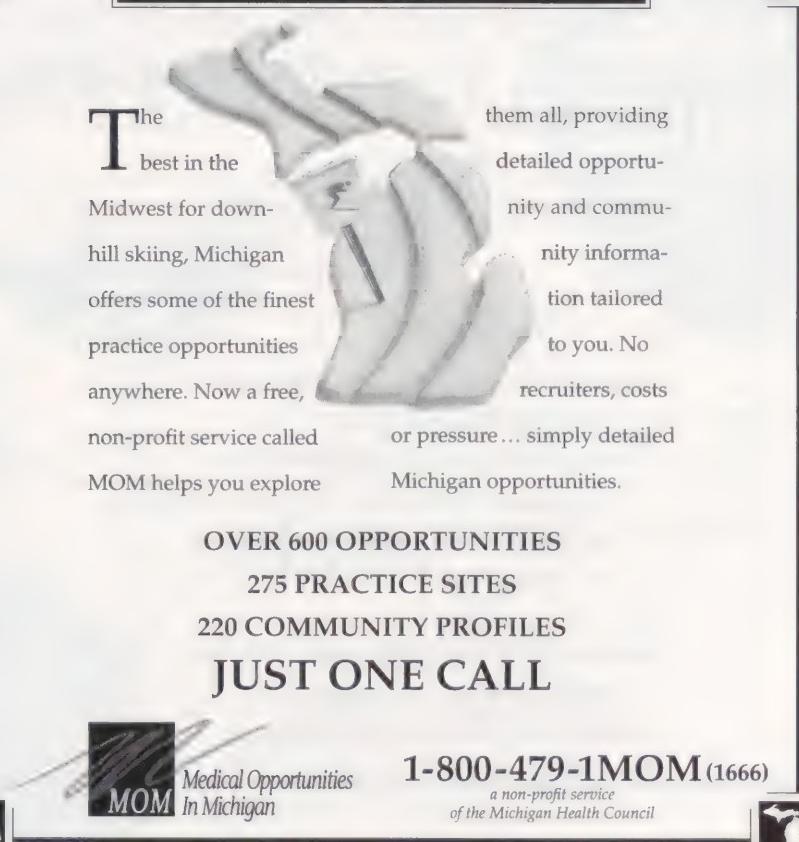
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CLASSIFIEDS

Continued from page 58

PRACTICE FOR SALE/LEASE

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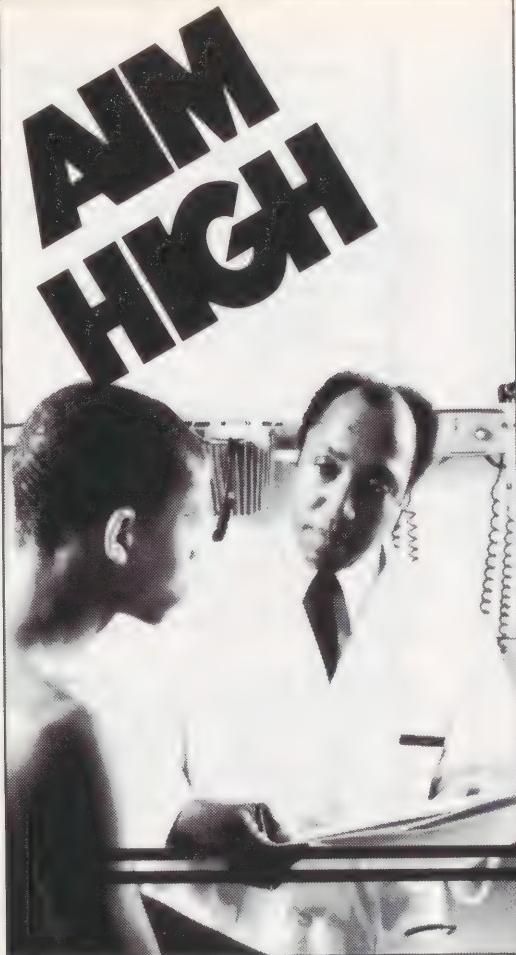


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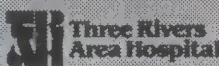
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ADVERTISING INDEX

ACT Computers	50
BASHA	62
Binson's	63
Blue Cross Blue Shield	10
Brainerd	57, 62
Civitec	4
Colonial Valley Software	53
Davis Smith	58
DMC Health Centers	60
Doctor Chiodo	63
Ergomedics	6
First Care	13
Ford	60
Harper Associates	56
Hosp. & Health Services Credit Union	50
International College of Surgeons	53
The Law Center	22
Meadowbrook	IBC
Medical Billing Corp.	59
MI Book Store	35
Michigan Health Council	60
MPMLC	BC
MSMS Group Insurance Trust	2
Oakwood Health Care System	57
OmniCare	25
Physician Service Group	1
Physicians Leasing Co.	52
PICOM	IFC
Pinkus Dermatopathology Lab., PC	21
Professional Practice Sales	57
Rossman Martin Associates	37
St. Francis	23, 56, 60
Sterling	61
Stratton Cheeseman & Walsh	36
Three Rivers	63
US Air Force	62
Voyager Information Systems	38

PRESIDENT'S PAGE

Immunizing Michigan's Children:

Physicians must recommit themselves to this important task

By B. David Wilson, MD

Everyone agrees. Michigan's immunization rate needs a shot in the arm.

A recent report shows Michigan dead last on the list of immunization rates for kids under two. And a lot of adults could use a shot or two themselves.

When considering the direct costs to the health care system, purchasing and administering the MMR vaccine (measles, mumps, rubella) costs less than \$33 per dose, according to data from the Michigan Department of Public Health. However, the direct cost to the system to treat an uncomplicated, outpatient case of mumps is at least \$85; to treat an uncomplicated bout of measles is about \$45; and to treat any case of rubella is about \$119 per case. And that is not even including indirect costs such as lost work time for parents caring for sick children.

Adults, and particularly seniors, need to keep immunizations up-to-date, too. Flu shots annually, a pneumovax every six years and a diphtheria/tetanus shot each decade can greatly reduce the incident of illness and premature death. A recent case involved the death on an 80-year-old woman who contracted tetanus after working in her garden with chapped hands. What an awful tragedy.

One issue before us is how to make certain everyone who *needs* to be immunized *is* immunized.

It doesn't take a Jonas Salk to figure out that a lot of the responsibility will rest with the medical



profession making a re-commitment to immunizations.

We physicians, particularly those in primary care, are on the front lines in this battle. Much of the success of this immunization initiative will depend on our willingness to institute some simple, but effective, office systems to ensure that the patients we see are up-to-date on their shots.

Physicians need to have the vaccines in the office; to have the informed consent papers ready; to teach all staff to review immunizations at every patient encounter; to debunk staff and patient myths about vaccinations; to make vaccinations available without an appointment; to develop a tracking system to ensure appropriate follow-up shots (how about using the Internet as a central repository of information about childrens' immunizations so that a record is available anywhere, anytime worldwide?).

I believe we, and *every* child's parents, are obligated to do everything in our power to bring our kids' immunizations up to snuff.

I'll bet you this. If the day ever comes that we have a vaccine for the common cold or against HIV, every parent and every physician will make certain *everyone* is immunized.

So why don't we make sure everyone benefits from the miracles we already have in our arsenal? ■

Doctor Wilson is president of MSMS.

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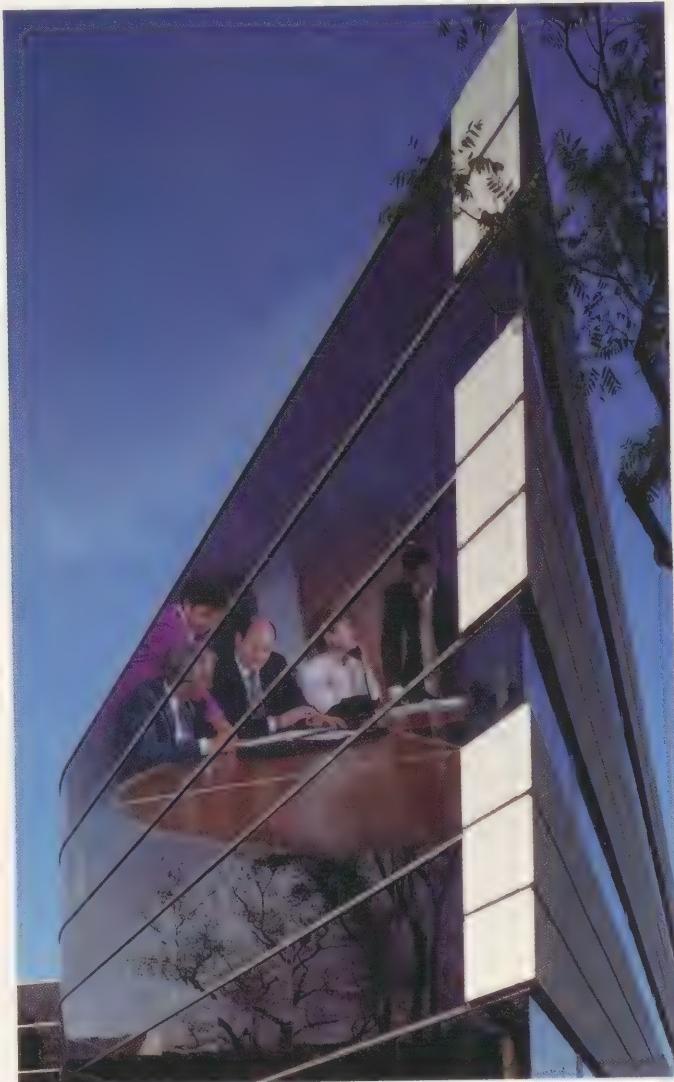
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